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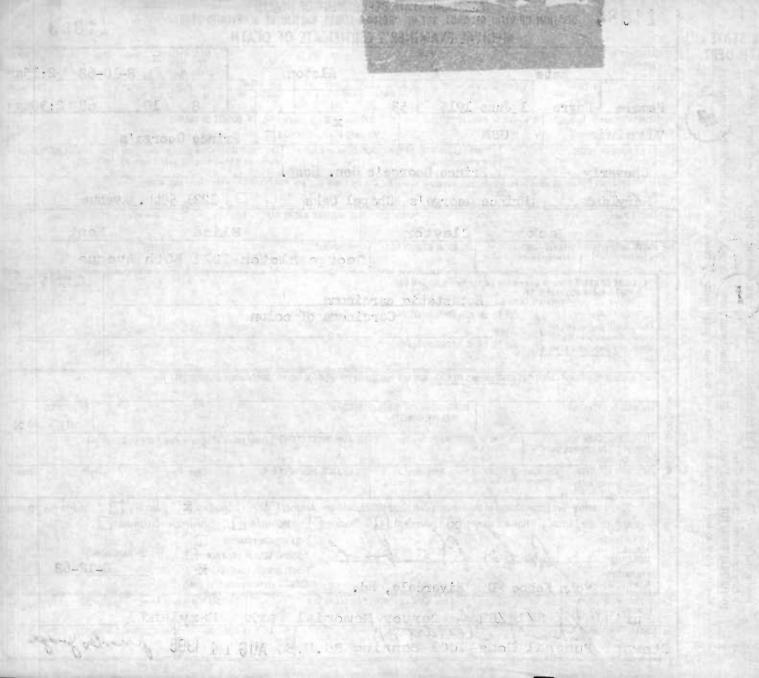
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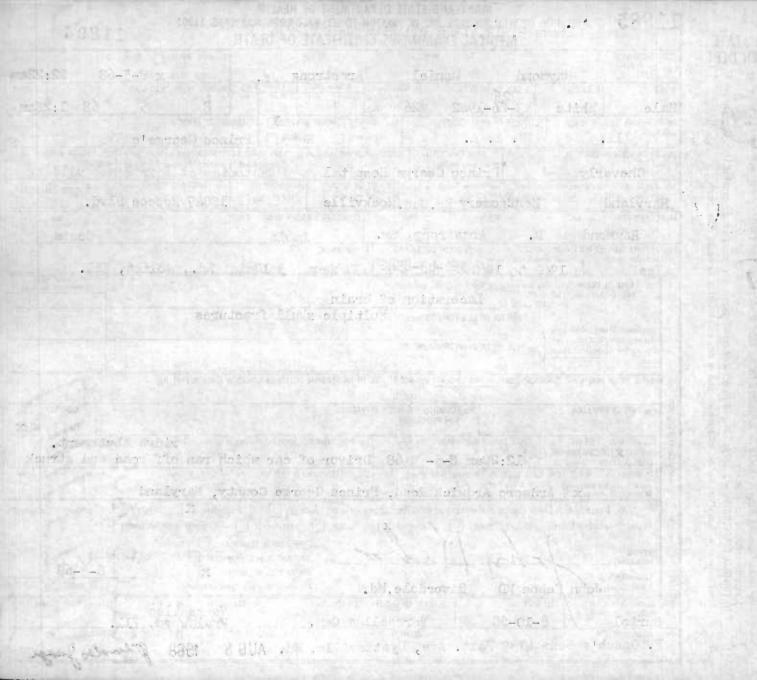
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DLYISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11894 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI DEATH MATED & 8-5-68 1912 22am Poge Raymond Daniel Armstrong 6. AGE (In years 3. SEX 4 RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 68 19 1:28am M 3-26-1942 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) U. S. A. WIDOWED [DIVORCED T Prince George's Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR her's Office olong with during most of working life, even if retired.) INDUSTRY Custodian at Apartment Building give street oddress) Prince George Hospital Cheverly 13e. STREET AND NUMBER 9004 Riggs Road 130. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before 13ca CUTY OR TOWN 13d. INSIDE CITY LIMITS? Monteomery Pr. Geo Rockville Item 18. 18049 /Roscoe /Blyd. after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Armstrong, Sr. Raymond Amola Coats = 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) 1960 to 1961 356-43-8546 Father 3 Mouis Rd., Joliet. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH should be forworded to the Chief Medical permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Multiple skull fractures event Conditions, if ony, which gove rise to immediate couse (o), any This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 or removol, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES NO X 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury intering the a beautitment. 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY TO OR CONTRIBUTING burial, cremotion, Driver of car which ran off road and struck 12:20am 8-5- 1968 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County 21d. INJURY OCCURRED Stote foctory, office building, etc.) Ardmore Ardwick Road, Frince George County, Maryland 22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection X. Inquiry , and in my apinian Hamicide death resulted fram: Natural Causes Accident 🞾 . Suicide 🗍 . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** Riverdale, Md. ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Versaelles Cem. Brayduddd. 8-10-68 Burial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons 4739 Balt. Ave, Hyattsville, Mdm AUG 8 1968 VR A15ME (5) 10M REV 1/68



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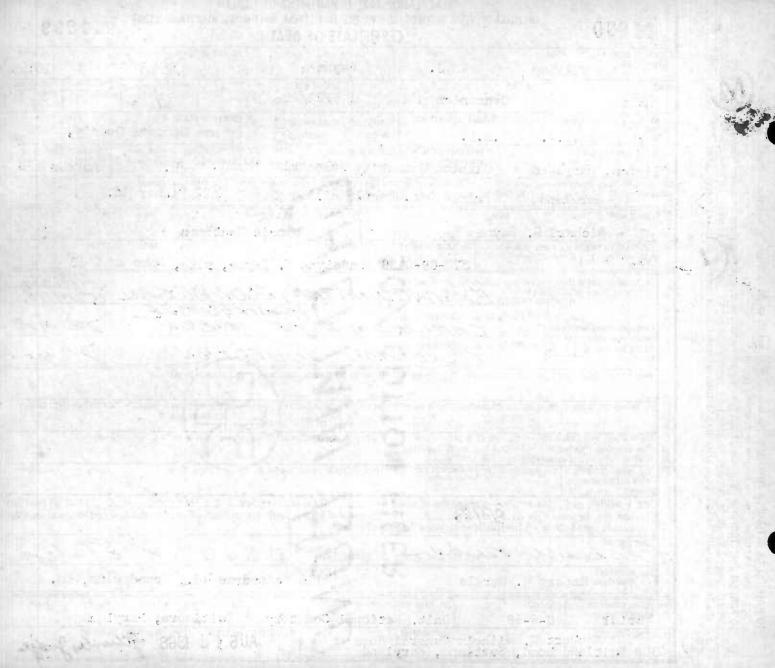
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11888 CERTIFICATE OF DEATH Lost 2g. DATE OF DEATH Middle DECEASED-NAME within 24 hours after death (Type ar print) Emma Bainum 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3 SEX DAYS last/birthday) MONTHS April 6. 1889 female Caucasian 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED country) Prince George filled in popers. WIDOWED X DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY domed Hyattsville Nursina Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER crematian, or removal, and in any event, 136. COUNT rederick 1212 Beechwood Drive Brederick comp admission) STATE Maryland YESKE NO remove 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Lost Davis Mary Leisure dward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na. or unknown) (If yes give war or dates of service) Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave: rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes director, page 3 should be detached for use as the burial-should be filed with the State Dept. of Health prior to burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) oNo. this certificate has been ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? YES [NO TY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Doy HOUR A.M. P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d INIURY OCCURRED 21f. LOCATION Street at R.F.D. Na. City or Tawn Caunty While Nat while at work TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram 12-19 1967, ta saw the deceased alive an 7-12 1967, and that in (my) (our) apinian death accurred an the date and haur and fram the be retoined causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23o. BURIAL, CREMATION Maryland Lincoln Cemetery Prince George Co., 1968 2Sb. REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR VR A15/4 Inc. Silver Spring, Uchanles DATE AUG 2 1 30M REV. Pumphrey.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	3. SE	X	4. RACE	S. DATE OF BIRTH	6.	AGE (In years	IF UNOER 1 YEAR	IF UNOER		2c. DATE PRONOUNCE		7 00	2d. HOUR
	M	lale	White	7 Aug. 1		lost birthday) YRS	MONTHS DAYS	HOURS	MIN.	Manth 8	394	68 19 7	1:00am
		BIRTHPLACE (Stote	e or fareign 7b	. CITIZEN OF WHAT O			RRIED TENEVER M	ARRIED 🗍	9. COU	NTY OF DEATH	No.	00 11	II OCCIN
	canu	IN) PEN	A'N	(1,5		WID	OWED DIV	ORCED X	P	rince Geor	rele		Md.
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0	Ch	everly		give stree	t address)	21.26	55th. Av	during	mast of	warking life, even if	retired.)	INDUSTRY	C. 7.60
			CE (Where deceased	lived, if institution				13d. INSIDE CITY	LIMITS?	13e. STREET AND NUM	BER	PotoMAC	CONZIK
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1		ATHER'S NAME	First	Middle	Los		Is MOTHER'S MA		First		ddle *		ast
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H	16a. \ (Y	WAS DECEASED EV es, ng, or unknow VES	(ER IN U.S. ARMED FO	e or dates of service)	o. SOCIAL SECURITY		17. INFORMANT ANNAL D	OMZ.	ALS	SKI FADDRE	Pose	(2 E)	7,
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			DEATH (Enter only	ane cause per line f	ar (a), (b), and ((c).)							ATE INTERVAL SET ANO OEATH
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		7/5.	1	DUE TO, OR AS	A CONSEQUENCE	OF	,					100	
-			iny, which gave iate cause (a),	(b) Mec	hanical	asph	yxia (F	ace do	own i	in front s	eat		P. CAULO2
		stating the un	derlying cause	DUE TO, OR AS	A CONSEQUENCE	ÓF	of autor	nobile)				
		last.	,	(c)				0.043					
	1,5	PART 2. OTHER S	SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR (CONDITIO	N GIVEN IN PART 1(a)			
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	CERTIFICATION	19a. DATE OF O	PERATION	19b	. CONDITION FOR WAS PERFORME		ERATION					20. AUTOP	SY?
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		210. EXTERNAL (CAUSE WAS R CONTRIBUTING [21b. TIME OF INJU HOUR A.M.						Staity in Part 1 a			
E	MEDICAL	CAUSE OF DEATI	H	6:55 am	8-24- 1	9 68	sphyxiat	ed by	occ	lusion of City or Tewn'	airwa	ay. col	lapsed
7	ME	21d. INJURY OCC		ACE OF INJURY (At he	ame, farm, street	1, 2	21f. LOCATION Stree	t or R.F.D. No.	100/1	City or Town		County	State
6		AT WORK	T WORK In	front of	3426 55	th. A	ve. Che	verly.	Pri	ince Georg	e Co.	. Md.	
		22a. I	certify that I too	ak charge af the r	emains descri	bed abav	e, held an Aut	apsy 🔀	Ins	pectian 🕱 In	quiry 🗍	and in	my apinian
			sulted fram:	Natural causes	^		Suicide .	Homicid	-	Undetermined			, ,
			1	VN	- /		CH	IEF MEDICAL	EXAMINE			150000	
		SIGNATURE	dr	In 1	21/		M.D. AS	SISTANT MED	ICAL EXA	MINER	22b. DATE S	IGNED	
7		EXAMINER'S	/100	1110	-	E		PUTY MEDICA	L EXAMIN	NER 😾	8	-26-68	
X		NAME (Type)	John Kel	noe MD	Riverd	ale.	341 -			vn, ar caunty)			
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	B	REMOVAL (Speci	1/ AU	629.68						MISBURG	- YE	ANH.	
	24.	FUNERAL DIRECTO	OR/	PA	ADD	RESS	MARYLA	2So. RECT	BY REG	ISTRAR 10 25b. RE	GISTRAP'S S	IGNATURE	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME First Middle 20. DATE KNOWN Month Dov 2b. HOUR (Type or Print) ESTI-Page 7:31pm 8-10-68 Bigelow Hassie DEATH MATED Leon 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR PM3. 7 034 68 19 8:15 pm M 5-17-1917 Negro Male 1 and 2 with the State Depa 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH farm North Carolina WIDOWED | DIVORCED [7] U.S.A. Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR Office along with give street oddress)
Prince George Hospital during most of working life, even if retired.) INDUSTRY Cheverly Truck Driver Unk. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE District of Columbia YES NO 207 6th. St., N.E. Washington 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME haurs Albert Chambers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Hillcrest, Md. the certificate, writing the word "pending" in periol 4 shauld be farwarded to the Chief Medical Examin (Yes, no, or unknown) (If yes give war or dates of service) Elouise Bigelow - 5021 Chadwick Ct APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Penetrating wound of left chest DUE TO, OR AS A CONSEQUENCE OF Gear shift lever of auto. burial-transit Conditions, if ony, which gove rise to immediate couse (a). shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) 0 remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: 7:30pm 8-10- 19 68 Passenger in car which struck a tree. CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote FUNERAL DIRECTOR: Page foctory, office building, etc.) 2400 block of Oxon Run Drive, Prince George County, Md 22a. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection X Inquiry | and in my apinian death resulted fram: Natural causes [Suicide . Hamicide Undetermined manner Accident . CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-12-68 DEPUTY MEDICAL EXAMINER DC 5 m TO FUN Health **EXAMINER'S** NAME (Type) Riverdale, Md. ADDRESS(Street, city, town, or county) John Kehoe MD the 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 8-15-68 Prince George, Md. Harmony Memorial John t. Rhines Co. Furleral Home 3015 12th Street, NE., Washington, D.C., DATE AUG 16 1968 24. FUNERAL DIRECTOR John t. Rhines Co. Funeral Home VR A15ME (5) 10M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2a. DATE KNOWN HEALTH DEPT. 1. DECEASED-NAME Middle Month (Type or Print) ESTIdelay and 3 ta Brenda . Jean Bodenhamer d DEATH MATED 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Doy22 W 17 Mar., 1962 Fe 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) U.S. WIDOWED [Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Leland Hosp during most of working life, even if retired.) Riverdale 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Prince George admission) STATE 4926 Naples Ave. Beltsvillesx NO Md Office after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME ODENHAMER haurs 4 shauld be farwarded to the Chief Medical Examiner's 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** (Yes, na, ar unknawn) File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Crushing injury to chest 55 min. IMMEDIATE CAUSE (a) _ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 3 YES 🗀 pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should 9 PRIMARY OR CONTRIBUTING cremation, Run over by truck wheel 2210 68 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Tawn County State foctory office building etc.) Naple Ave. Beltsville Prince George Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry 🔭 and in my apinian Natural causes Suicide . death resulted fram: Accident /DC Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-22-68 DEPUTY MEDICAL EXAMINER Kehoe, M.D **EXAMINER'S** ADDRESS(Street, city, tawn, or caunty) NAME (Type) the 23a BURIAL CREMATION 23d_ LOCATION (City or Town) 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

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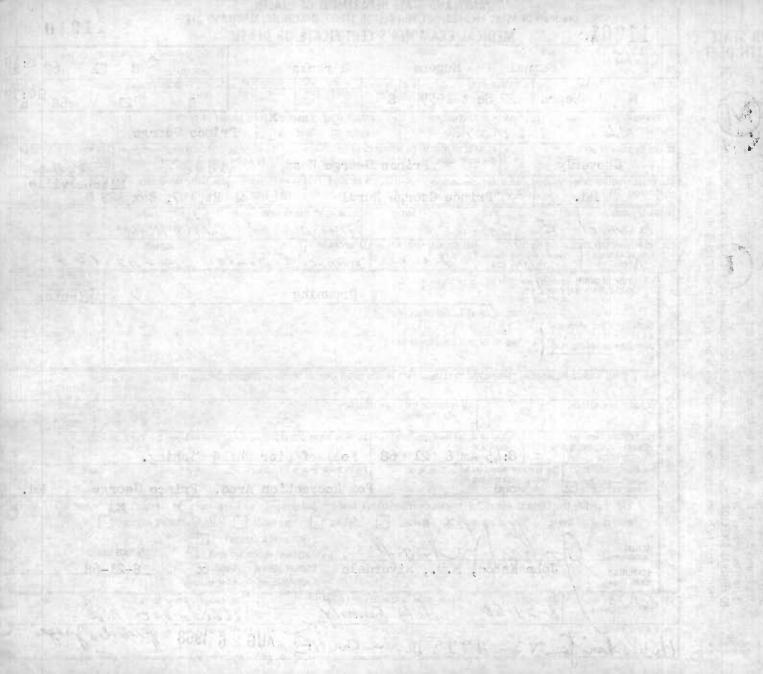
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11910
HEALTH DEPT.	1.1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		Type or Print) Campaol Fragono D Proches	21 1968 8:45
lay is 13 ta Page ent af	3. 9	DEATH MIATED	ET 1900 AW
de de	"	M Negro 22 Sept 1959 of bankay) Months DAYS HOURS MIN. Months Day 21	Yeor 1968 10:39
E APP E	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1700 2 11
2 2 2	con	Md U.S.A. WIDOWED □ DIVORCED □ Prince George	Md
Page ith. I	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20. USUAL OCCUPATION (Kind of work done 1)	2b. KIND OF BUSINESS OR
the the		Mone works wone	None
24 haurs after death in Item 18. Give Pages is Office along with fages 1 and 2 with the State is after death.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN dmission) STATE Md. 13b. COUNTRINCE George Rural 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER Middle Middl	tchelville 9 G
haurs Item 19 Office 1 and 2	14.	FATHER'S NAME FirstMiddle Lost IS. MOTHER'S MAIDEN NAME First Middle	last
		Samuel E. Brooks Margaret Thomas	
within 24 pencil in xaminer's ine pages 72 Hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war pridoles of service) None 16b. SOCIAL SECURITY NO. 17. INFORMANT (SAMUEL E. Brecks SAME IS	13 E
P = 7		18. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hould be executed word "pending" in the Chief Medical Firial-transit permit. Firial-transit permit. Firial-transit permit. Firial-transit permit. Firial-transit permit.		PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (0)	Minutes
be exe "pendi nief Me ansit pe	6	DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if ony, which gave rise to immediate couse (a), (b)	
should be e word "per the Chief in any ever		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho whe whe who whe was to the to the buring the forms of the contract of the		(c)	
This certificate should icate, writing the word be farwarded to the Cl be used as a burial-tr.	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ER: This certificate, auld be fa es. centrol on, ar reminal on, ar	ERTIF	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
#= p = .		PRIMARY DOP CONTRIBUTING HOUR A M	n 18.)
INER: le certifi shauld files. 3 shaulo nation, c	MEDICAL	CAUSE OF DEATH 8:45P.MAM 8 2119 68 Fell of pier while fishing. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
Z = 4 = 9 =		WHILE NOT WHILE Toctory, office building, etc.) AT WORK AT WORK TO POND FOX Recreation Area, Prince George	
111 7 01 1		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry	
	187	deoth resulted from: Ngtyrol causesy 3, Accident 1, Suicide 1, Homicide 1, Undetermined monner	
please e I director retained DIRECT or ta bu		CHIEF MEDICAL EXAMINER	
y, ple eral di se retre tal Di priar		ACTUAL SIGNATURE	GNED
DEPUTY DICAL R Reessary, please exect e funeral director. Po may be retained for FUNERAL DIRECTOR: salth prior to burial,		EXAMINER'S John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER X 8-21-	-68
necessary, please extremely please extra the funeral director. S may be retained to FUNERAL DIRECTOR Health priar to but	-	NAME (Type) ADDRESS(Street, city, town, ar county)	
10 10 He	230	REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Common of Common of Com	Caunty) (State)
	24.	The transfer of the second of	NATURALA
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	DECEASED-NAME Firs	st .	Middle	EKTIFICA	TE OF DE		DATE OF DE	13 ATH	343	2b. HOUR
	(Type or print)	aby.	Boy	Bro	wn			Aug.,	28 6	Year 11,30
3.	SEX	4. RACE	V-5-E	S.	DATE OF BIRTH		6.	AGE (In years		R 1 YEAR IF UNDER 24 HRS
	Male	Negro	1.360		28 A	ug., 19	68	lost birthday)	YRS. MONTHS	DAYS HOURS MIN
70	. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	T COUNTRY?	B. MARRIED	NEVER MARRIED	9. 00	DUNTY OF DE	ATH		
10	Maryland	U.S.A.		WIDOWED	DIVORCED		ince (Georges	3	N
10.	CITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR INS	TITUTION (If not in	n hospitol	120. USUAL OC	CUPATION (K	ind of work d	lone 12b.	KIND OF BUSINESS OR
	Cheverly	give sin	eet address) Prince Geo			during most of	Tworking life	even it retir	ed.) INDL	JSTRY
Lod	o. USUAL RESIDENCE (Where deced mission) STATE	osed lived, if institution 13b. COUNTY	n: Residence before	13c. CITY OR TO		INSIDE CITY LIMITS?		T AND NUMBE	R	
	Maryland	Pı	r. Geo.		1 Oaks		15			N.E.
14	. FATHER'S NAME First	Middle	Lost	1S. M	OTHER'S MAIDE		0-111	Midd	le	Lost
-	Thomas Brown	Augusta I.	U COCIAL CECUE	112		Hilda	Calli			
16	o. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give	war or dates of service)	6b. SOCIAL SECURITY N	17. INFO	KMANI			Addre	iss	
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	last.	(c)		OT RELATED TO TH	IF TERMINAL DI	SEASE OR CONDIT	TION GIVEN IN	N PART 1(n)		
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201	Nuc. 29 no		NAMES OF STREET	

Aug. 22, 1960 Arthur Mandaga, M. D.

FOR STATE HEALTH DEPT. 1. DECEASED NAME

M3. Page

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and 2 with the State

pages

Health prior to burial, cremation, or removal, and in any event within 72 hours, affer death

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

5 may be retained far your files.

the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examipe

necessary, please execute the certificate, writing the ward "pending"

DICAL EXAMINER:

TO DEPUT

ny delay is 2, and 3 ta

in pencil in Item 18. Give Pages

Office alang with

This certificate should be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

AND 21201 11912

2200) the	MEDIC	AL EXAM	INER'S	CERTIFICATE	OF DE	ATH					
1. DECEASED-NAME (Type or Print)	First		Midd	le	Lost			20. DATE KNOWN	Month	Doy	Yeor	2b. HOUR
(, the or , mu)	Verna	a	G		Brown			DEATH MATED	8-8-	-68	19 4	4.5 pm
3. SEX	4. RACE	S. DATE OF BIR	RTH	6. AGE (in year	s IF UNDER 1 YEAR	IF UNDER	24 HRS	2c DATE PRONOLINCE	DEAD			2d. HOUR
Female	White		. 1913	- m 4	RS.	HOURS	mun	Month 8	Doy	681	194:4	\$3pm N
70. BIRTHPLACE (St	ote or foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. /	MARRIED NEVER M.	ARRIED 🗌	9. COU	NTY OF DEATH	Tures		11	
country)Alaba	ma	US A		W	IDOWED DIV	ORCED	Pri	nce George	e's			Me
10. CITY OR TOWN		give s	street oddress)		ON (If nat in hospita	l 12a. U during	SUAL OC	CUPATION (Kind of wo f working life, even if WOMAN	rk done	12b. KIND INDUSTRY	OF BUSI	NESS OR
Cheve:	NCE (Where deceose	d lived, if institu	ince Geo	hefore 13c. Cl	TY OR TOWN	13d. INSIDE CITY I		13e. STREET AND NUM		11110	, au	
admission) STA Marylar	nd TE	136 COUNTY	George '		estville	YES 🖈	NO 🗆	3114 Oak		Way	1	
14. FATHER'S NAME	First	Middle		Lost	IS. MOTHER'S MA		First		idle		Lost	
	Almer		Gı	reen	Ve	elie	Bell					
16o. WAS DECEASED (Yes, no, or unknown	EVER IN U.S. ARMED FO	ORCES? var or dates af service)	16b. SOCIAL SECU 719 16		17 INFORMANT harles	P Bro	wn	Forest		, Md		= 18
18. CAUSE (OF DEATH (Enter only DEATH WAS CAUSED										PROXIMATE I	
571	IMMEDIAT	TE CAUSE (o)	lver ia	llure	la	£ 7:		AN ALTON		-	4	-
Conditions if	fony, which gove	DUE TO, OR	AS A CONSEQUE	NCE OF CI	rrhosis c	I TIV	er			ove	ro	mo.
rise to imme	ediote couse (o).	(b)	AS A CONSEQUE	NCE OF								
stoting the	underlying couse	(c)	AS A CONSEQUE	NCE OF								
E810	R SIGNIFICANT CONDIT	IONS CONTRIBUTI	ING TO DEATH BU	JT NOT RELATE	D TO THE TERMINAL	DISEASE OR (CONDITIO	N GIVEN IN PART 1(0)			2.17	
190. DATE OF	OPERATION	STEE STEEN	19b. CONDITION		PERATION			4		20. #	AUTOPSY?	?
TIFIC			WAS PERFO	DRMED?						Y	YES 🔲	NO EX
	OR CONTRIBUTING			oy, Yeor	21c. HOW INJURY O	CCURRED (En	nter notur	re of injury in Port 1 o	r Port 2, Iter	m 18.)	137	
21d. INJURY	OCCURRED 21e. PI	LACE OF INJURY (At home, form, s	treet,	21f. LOCATION Stree	or R.F.D. No		City or Town		County		Stote
AT WORK	NOT WHILE foct	ory, office buildin	g, etc.)	Alter		TIES.						tol
22a.	I certify that I to			escribed obc	ove, held on Aut	opsy 🔲,	Ins	pectian 🔼, In	quiry 🔲,	, and	J in my	y opinian
death	resulted fram:	Natural caus	sex X, Ac	cident []	Suicide	Hamicid	de 🔲,	Undetermined	manner [
ACTUAL	1	1 14			CH	HEF MEDICAL	EXAMINE	R 🗌				
SIGNATURE	400	31/	M		H1.D.	SISTANT MED			22b. DATE SI		14	
EXAMINER'S		/				PUTY MEDICA				8-9-	68	
NAME (Type	/ OUILLE	Kehoe MI		rdale,	220.	DRESS(Street		wn, or county)		WY.		
230. BURIAL, CREM BURIAL SO					RY OR CREMATORY			LOCATION (City or Tov		(County)	,	tote)
		12, 196	oo It	ADDRESS	n Cemeter			olmar Mano		Gen	-	L ;
24. FUNERAL DIRE	F. Gasch	le Sone	Hyatts		Ма	DATE AU	G 1	2 1968 25b.	JISHRAR Y S	1	0	
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		LLJUJ		ERTIFICATE OF DEATH		11913
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B B B B	(1	Ype or print) PAUL	M	BROWNE	August 27	1968 650AM
ie - Fer in the second	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS I DAYS HOURS MIN.
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24 hours after ad in by the function of the fu				MAKKIEO [3] NEACK MAKKIED	9. COUNTY OF DEATH	
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ecuted within 24 hours after dead completely filled in by the functione corban papers. Pages I and y event, within 72 hours after dead	Ri	TITY OR TOWN OF DEATH verdale	11. NAME OF HOSPITAL OR INST give street oddress) Leland Memor	ial Hospital	L OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
executed within to completely filler emove corban pounty event, withir	13o. odm	USUAL RESIDENCE (Where deceosed ission) STATE Maryland	I lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIV Mt Rainner YES X NO		Hill
ond comp remove in any eve		FATHER'S NAME First Benjamin	Middle Lost F Brown	e Is. MOTHER'S MAIDEN NAME FI		Shriver
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or the deoth a the attending ssit permit. The mation, or rem	2	PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove nise to immediate couse (o), stating the underlying couse lost.	E CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	ONGES MVE F		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
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While Nat while at wark (AT HOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State 220. I certify that (I) (this hospital) attended the deceased from Uctober, 19.65, ta.3 Aug. saw the deceased alive an 15 July 19.68, and that in (my) (eur) opinion death occurred

directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS R.B. Sasscer Upper Marlboro, Md. NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ethoval (specify) 8-7-68 Cedar Rapids, Iowa Cedar Mem. Cem. N.E. 20002 FUNERAL DIRECTOR ee Funeral

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled e 3 shauld be detached for use as the burial-transit permit. Then please remove carbon-paped with the Stote Dept. af Health priar ta burial, crematian, ar removal, and in any event, withing the stote Dept.	odn	ission) STATE	136. COUNTY	Jan. 171 (2011)	AEZ NO	1018 upst	JUR 54. 11. E
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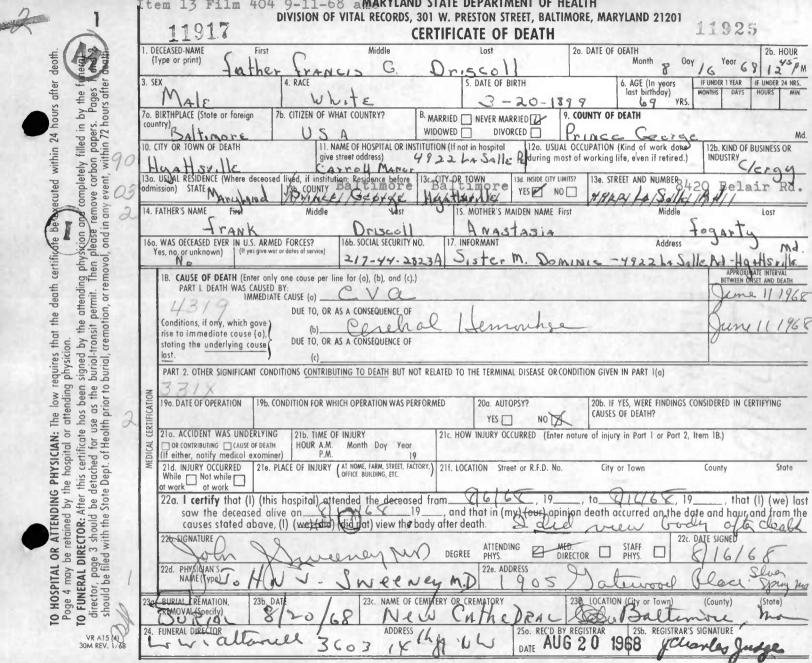
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) ESTI Page 10 4 Jackson DEATH MATED & 8-7-68 1910: 20 pm Andrew Drew the State Department 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR and PM3 6819 12: 52am White 9-12-1927 Male 40 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form Give Pages 1, WIDOWED [DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Prince George Hospital Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George's odmission) STATE Mary Land YES NO 6510 Livingston Road Oxon Hill 24 haurs 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle 2 haurs pages the Chief Medical Examiner within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** in pencil (Yes, no, or unknown) (If yes give war ar dates of service) Deur 6510-Livings 7-20-44 12-22-4 File within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gun shot wound of head DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), pluods please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse _ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) 0 removal used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES NO X pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 5 3 shauld PRIMARY OR CONTRIBUTING crematian. Shot self in head with . 38 cal. revolver 10:20mm 8-7- 1968 CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote WHILE AT WORK AT WORK foctory, office building, etc.) 7901 Old Branch Avenue! Prince George County, Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X Inquiry | and in my apinian funeral director. death resulted fram: Natural causes Accident Suicide X Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-8-68 DEPUTY MEDICAL EXAMINER 5 5 may b ro FUNER Health ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md. John Kehoe MD BURIAL-CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11927 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle No. DATE KNOWN Manth (Type or Print) OF ESTI-Olga lay is 13 ta Page Dugan 68 DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD pup E Departi 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED along with farm WIDOWED X DIVORCED [Prince George Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Camp Springs Camp Springs Andrews AFB Hosp
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN. 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Prince George Camp Springs YES | NO | admission) STATE Item 18. Md. Summer Hill R d be executed within 24 haurs and 2 after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First UNKNOWN hours ADDRESS AME AS, #1. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 77. INFORMANT MRS JULIA RUSSELL (Yes, no, ar unknawn) 6738-8301 APPROXIMATE INTERVAL within 2 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) permit. BETWEEN ONSET AND GEATH the Chief Medical PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove Hypertensive vascular disease rise to immediate cause (a). any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= shauld be farwarded ta pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 OS remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, NO J YES 🗔 p 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State foctory, office building, etc.) WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection x Inquiry X and in my opinian death resulted fram: Natural causes 12 Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER John Kehoe, M.D., Riverdale, Md. 5 may TO FUNE Health EXAMINER'S ADDRESS(Street, city, town, or county) NAME (Type) BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) HANGUER TOWNSHIP. CEM 2So. REC'D BY REGISTRAR RIVERDAL VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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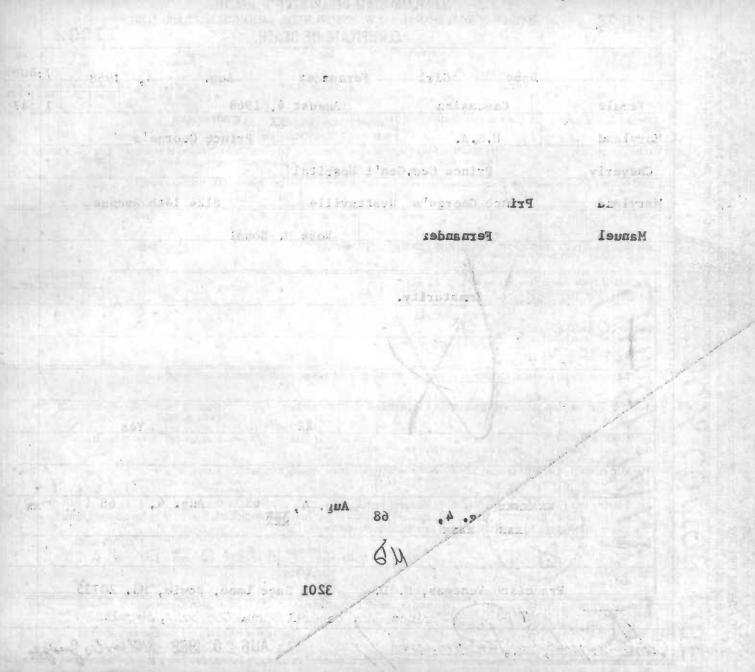
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		2 o. ACCIDENT WAS UNDERLYII			KED (Enter notu	re of injury in Port 1 or Po	ort 2, Item 18.)	
	MEDICAL	(If either, notify medical exami	iner) P.M.	19				
	M	21d. INJURY OCCURRED 21e While Not while	. PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	FACTORY,) 21f. LOCATION Street or	r R.F.D. No.	City or Town	County	Stote
3		GLWOLK DLWOLK			10			1211
		22a. I certify that (I) (th	nis hospital) attended the deceo	sed from July 5	1960	, to mynst	, 19_6X, that	(I) (we) last
9		saw the deceased of	e, (I) (we) (did) (did nat) view the	_1960_, and that in (my) ((aur) apinian	death accurred an th	ne date and haur	and fram the
d			e, (i) (we) (aid) (aid fidi) view in	e bady offer death.			22. DATE SIGNED	
		22b. STGNATURE	1410.	ATTENDING	MED.	STAFF	22c. DATE SIGNED	1819
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1		22d. PHYSICIAN'S NAME (Type)		22e. ADDRES	000	D'St.	NF WA	SL DC
					, 0		11. C. VO	24. 1
	230.	BURIAL, CREMATION 23b. REMOVAL (Specify)		OF CEMETERY OR CREMATORY		. LOCATION (City or Town)	,	(Stote)
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	24.	FUNERAL DIRECTOR	v is selvanos	Of Beanwork	o. REC'D BY REG	istrar 25b. REGIST	RAR'S SIGNATURE	mage
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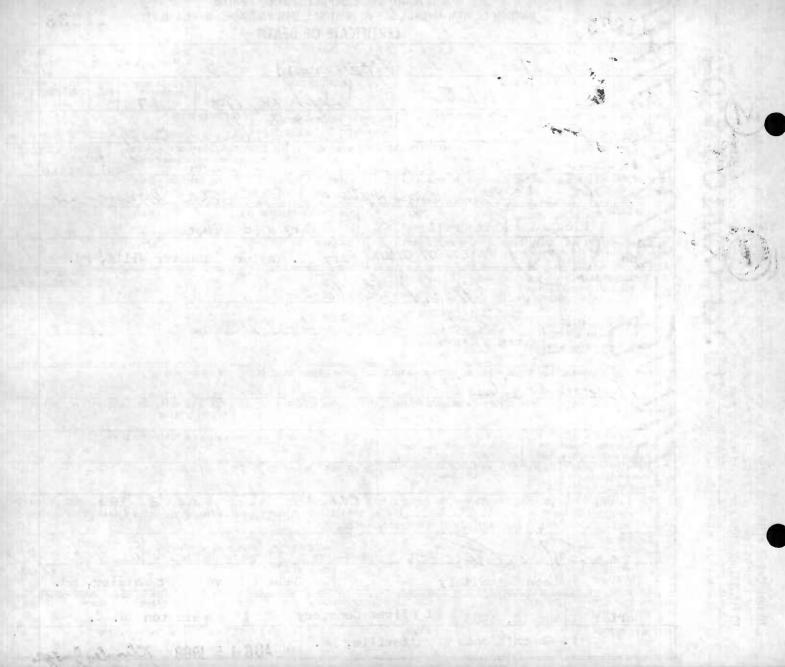
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely thed in by the funeral shauld be detached for use as the burial-transit permit. Then please pemays control papers. Pages I and 2 with the State Dept. of Health priar to burial, cremation, ar remayal, entinging event, without 2 haurs after death		(es, no, or unknown) (If yes give war or dates of service) (If yes give war or dates of service) (Address of service)	AME
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IAN; ol ol ficat far far Hec	SIS	TOR CONSECUTIONS CANSE OF DEATH HOUR A.M. MOTHER Day Year	1 18.)
SSIC aspit	MEDI	ITE either, notify required expenses P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town C	Caunty State
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ATTENDING PI retained by the ECTOR: After this 3 shauld be deto with the State De		22a. I certify that (this haspital) attended, the deceased fram saw the deceased alive an 196 2 and that in (w) (aur) apinian death accurred an the date causes stated abave, (we) (did) (did vi) view the bady after death.	that 4 Twe) last
NDI d b d b d b e St		saw the deceased alive an	and haur and fram the
TOR agine		causes stated abave, (we) (did) (diese) view the bady after death.	
OR A DIRECTOR A SINGLE OF A SI		226. SIGNATURE ATTENDING MED. STAFF 222. DATE	3/1/0
V be y be age 3 filled		22d. PHYSICIAN'S 22e. ADDRESS	2/1/60
ma ma ERAI		NAME (Type) ARTHUR SHAVER FR. 40 8808 BRANON AVE,	CLINTON
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be tiled with the State Dept. of Health prior to	230.		(County) (State)
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MAKTLAND STATE DEPARTMENT OF HEALTH



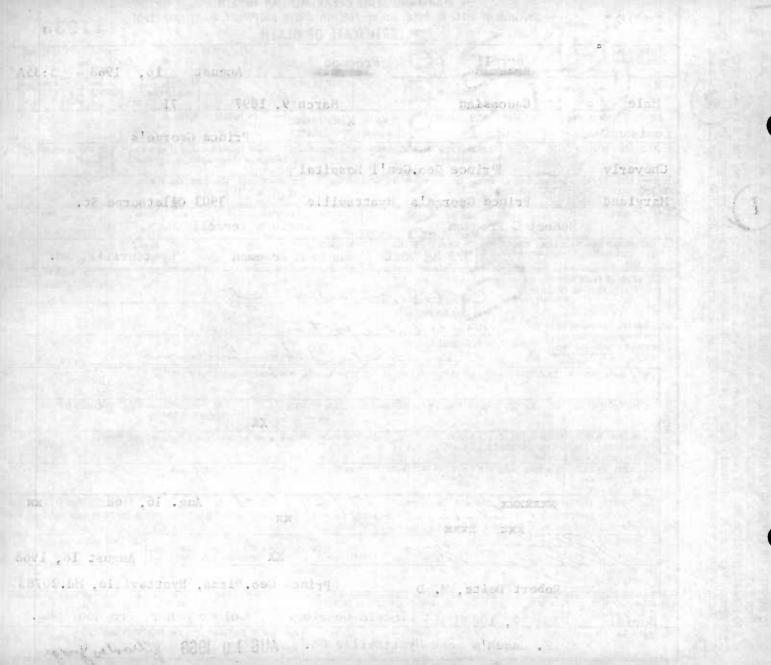
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		at work — at work —		254	
UDING d by t Affer d be c		22a. I certify that (I) (this haspital) attended the deceosed fram OCL. 24, 1965, to any saw the deceased alive an aug 12 1968, and that in (my) (our) opinion death occ	9/2,196	8, that	(I) (we) last
	3	saw the deceased alive an aug 12 1968, and that in (my) (our) opinion death or a	rred on the dot	e ond hour a	nd from the
OR ATTENDING be retained by the NRECTOR: After the 3 should be ded with the State		causes stated abave, (1) (we) (did) (did nat) view the bady after death.			
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AL AL		22d. PHYSICIAN'S 22e. ADDRESS	6	/	
OSPITAL OR ATTEND e 4 may be retained the stand by the stand be filed with the stand by the sta		NAME (Type) Leon Levitsky 3408 R I ave	Mt Raimi	er, Md.	
Page 4 may be retained to FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C	ity or Town)	(Caunty)	(State)
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VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SI	GNATURE	
30M REV. 1/68		F. Gasch's Sons Hyattsville, Md. DATE AUG 1 5 196	8 Ocho	0	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11926 11934 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Month James M. Fowler **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the £6 director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. af Health prior ta burial, cremation, or remaval, and in any event, within 72 haurs after 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) HOURS Male Caucasian Jan. 17, 1891 requires that the death certificate be executed within 24 haurs and completely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Maryland WIDOWEDXX DIVORCED Prince George's USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of working life, even if retired.) INDUSTRY Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland Prince George's NO YES 5004 West Lanham Drive Lanham 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Sutton Fowler Virginia Betters 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 5004 Wests Lanham Drive Yes, no. or unknown) 219-16-1735 James G. Fowler Hyattsville, Md. 20784 no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BRONCH BRON CHOPNEN MONIA BETWEEN ONSET AND DEATH ATRIAL FIBRILATION DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse DEHYDRATION + ELECTROLYTES IMBALANDE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO XX 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medicol examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a. I certify that (this hospital) attended the deceased from Aug. 3 , 1968 , to Aug. 4 , 1968 , that (this hospital) (we) last saw the deceased olive an Aug. 4 , 1968, and that in (this) (aur) opinion death occurred on the date and hour and from the causes stated above, (the (we) (did) (this say) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR August 5, 1968 PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Prince George's General Hospital, Cheverly radi Sadechian, M. D. (County) Manyoleand 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Mt. Harmony Chr. Cemetery Calvert Md. Owings 7,1968 1968 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68(DATE AUG 9 taske Owings, Md.

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	ECEASED-NAME First Type or print)		Last	2a. DATE OF DEATH Manth	Day Year	2b. HOUR
3. SE	EX	Ben 4. RACE	Garner LS. DATE OF BIRTH	Aug. 18	1968 IF UNDER 1 YEAR	3 : 45 PM
	Male	Negro	mar 2	11 10GA last birthday)	'RS. MONTHS DAYS	HOURS MIN.
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admi	ission) STATE Maryland	Prince George's	Lanham			0
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16a. Y	WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If yes give	MED FORCES? 16b. SOCIAL SECUR	TYNO. 17. INFORMANT Martha	Barner- Addres	asabo	ne
	18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and	(c).)		APPROXII BETWEEN O	MATE INTERVAL NSET AND DEATH
	MMEDI	ATE CAUSE (a)	y Childrian.			
	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE	^{OF} per lobe pneumonia			
	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE				- 103
	last.	(c) Chronic	Bronchiectasis.			
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CE	RTIFYING
AL	21a. ACCIDENT WAS UNDERLYI or contributing cause of DEA (If either, natify medical exam	TH HOUR A.M. Month Day Y	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part	1 2, Item 18.)	
			, FACTORY.) 21f. LOCATION Street or R.F.D.). Na. City ar Tawn	Caunty	State
	22a. I certify that (*) (the saw the deceased causes stated above	nis haspital) attended the dece alive an <u>August 18</u> e, (1) (we) (dig) (admix view t	ased fram August 1, 1968, and that in (1994 (our) he bady after death.	1968 , ta August 18 I apinian death accurred an the	19 <u>68</u> , that date and havr	(X) (we) last and from the
	22b. SIGNATURE	elikoser,	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 8-19-	68
	22d. PHYSICIAN'S NAME (Type) Sau	ıl Rosen, M. D.	22e. ADDRESS Prince G	eorge's General H		
23a.	BURIAL, CREMATION, 23b.	DATE -23-68 23c NAME	OF CEMETERY OR CREMATORY MemPa	23d. 1. OCATION (Fitzgar Tawn)	Ack,	ma
24.	FUNERAL DIRECTOR	ALS MG TA	ESS 250. REC		AR'S SIGNATURE	ser_

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r death			Eagar	A. Gentry			8	ay 8 Year 68 10:40 M
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S # 37			Marc	Caucastan	July	19,19	10 4 64 YRS	
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am am	16	agiiii	ssian) STATE Md.	13b. COUNTY Prince George	s Mt. Rainier	ES NO	3303 Chaund	ey Pl.
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eath criticale by anding abysician nit. Then please or remaval, and in			WAS DECEASED EVER IN U.S. ARA es, na, or unknown) (If yes give v	MED FORCES? war or dates of service)	19-69 MRS PATRICI	INATTEN	4.11	
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hat n. y th			rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF				
iciar d b l-tro			stating the underlying cause	(c)				
equires that the d physician. signed by the atte burial-transit perr burial, crematian,			PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
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ifice life for the form		MEDICAL	OR CONTRIBUTING CAUSE OF OFAT	TH HOUR A.M. Month Day Year			12.7	
OR ATTENDING PHYSICIAN: The law requires that the death be retained by the haspital ar attending physician. VIRECTOR: After this certificate has been signed by the attendin e 3 shauld be detached far use as the burial-transit permit. ed with the State Dept. af Health priar ta burial, crematian, or re			21d INJURY OCCUPRED 21e	ner) P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION Street a	r R F D. No.	City or Tawn	Caunty State
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Aft Aft J be St			saw the deceased a	nis haspital) ottended the decease	9 6 , and that in (mv)	(our) apinion	death occurred on the	ote and haur and fram the
OR: aulc			causes stated above	e, (I) (we) (did) (did not) view the I	oody after death.	DR. K	EHEE MOTIFI	
Shirth Shirth			22b. SIGNATURE	1-//	ATTENDING	MED.	STAFE 220	c. DATE SIGNED
OR be re DIRE			(1. Hounsiew	DEGREE PHYS.	DIRECTO	R PHYS.	9 AUG 1968
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, cre-	1		22d. PHYSICIAN'S NAME (Type)	1. HOUMANN	22e. ADDRES	s RIV	ERBALC	MD.
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VR A15 (4)	24.	FUNERAL DIRECTOR	can T. Chamboress		a. REC'D BY REG		'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	ユエンゼル.			CERTIFIC	CATE OF DEA	TH		11938
1.	PLACE OF DEATH a. COUNTY	ince	Geo.	MARYLA	G STATE	CE (Where deceased lived. b.	If institution: Resider	12 -
	b. CITY OR TOWN (If o RURAL and give near	st lawn)	ote limits, write	c. LENGTH OF STAY IN	1 1	N (If autside corporate limit	s, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL	(If not in hos	Karlso		d. STREET ADDR	Karlson C	¥:	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	M	ary E	-lizabeth	George.	4. DATE OF DEATH	Aug.	Day Year 1968
	te	Wh	WIDOWE		J Oct 26.	1878 lost 8	(In years IF UNDER irthday) Months yrs.	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
10	during mast of warking	(Give kind of life, even if	work dane 10b. I retired)	CIND OF BUSINESS OR	NDUSTRY 11, BIRTHPLACE	(State or foreign country) Cavoling.		U.S.A.
13.	Rober F	Co	rrell		14. MOTHER'S MAI	1111		
	was deceased ever if	U. S. ARMI es, give war or o		3-54-8576	Daughter-	Corine Gan	n brell	- same.
	1B. CAUSE OF DEATH PART I, DEATH		D BY: An	far (o), (b), and (c).] terioscler	osis qui	evalired	ō	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony,	which)	(b)	gener	rd Viscer	al failu	re	undet-
	gave rise to imm cause (a), stating the lying couse lost.		(c)	, ,				
CATION	4500 None	-	SALED	ONTRIBUTING TO DEAT	BUT NOT RELATED TO THE	ETERMINAL DISEASE CONDI	TION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20g. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	JNDERLYING CAUSE OF I DICAL EXAM	DEATH INER) 20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter nature of inju	ury in Part I or Port II of ite	m 18.}	
MEDICAL	20c. TIME OF INJURY Hour o. m. = p. m.	Month, Do	y, Year 20d. IN While of work	Not while	e. PLACE OF INJURY (Hom- foctory, stree <u>t, office</u> bld	e, farm, 20f. (City or town g., etc.)	((County) (State
	21. I certify that (l) (this ho I alive an	spital) attende	ed the deceased fr	am Augus	1967 to Aug		that (I) (we) las
	220. SGNATURE	J.	Ampo	O'Bloom	M.D. ATTENDING PHYS.	MED. STAFF	1200	8/2/6 SIGNET
	22c. PHYSICIAN'S NAME (Type)	m F	Simp	son.	22d. ADDRESS 6216	NH a	Tre N.	
23	BURIAL CREMATION,	236. BATE	THEREOF Aug 5-196	23c. NAME OF CEMETE	RY, OR CREMATORY	23. LOCATION (CIT	y, town, or county)	out farely
24	FUNERAL DIFECTOR'S S	CHATURE	(del)	25 F ENER	CL ST 250	ALTO E 100	REGISTRAR'S SI	GNATURE SINGLE

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TO FUNERAL DIREC TO HOSPITAL OR

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page 3 should be detached for use as the burial-transit permit. Then please remave carb the State Baard of Health priar to burial, cremation, ar remaval, and in any event, within 7

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MARYLAND STATE DEPARTMENT OF HEALTH 11933 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11941 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR Augusth 19 Doy Year 68 (Type or print) Francis Gilrov M. 3. SEX 4. RACE S DATE OF BIRTH ecuted within 24 hours after 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS White Feb. 8, 1899 lost bythdoy) DAYS Male campletely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Virginia USA Pr. Geo. DIVORCED [WIDOWED TX 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Prince Geo. Hosp. during most of working life, even if retired.) INDUSTRY Cheverly Construction 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Md. YES NO Pr. Geo. Suitland 1912 Lakewood St. 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost John Gilroy Elizabeth A. Milstead Cion requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) '(If yes give war or dates of service) 1912 Lakewood St. Frances G. Esmacher 1918-1919 en 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE stoting the underlying couse PART 2 DHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? SD CAUSES OF DEATH? YES 🖂 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceased from C saw the deceased afive an 17/1 _19 __ and that in (my) (our) opinian death accurred an the date and haur and fram the be retained causes stated above (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) 8-22-68 Cedar Hill Cemetery 4000 Suitland Rd. S. E. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1768 Suitland Rd Robert E. Funeral. DATAUG 1968

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within 20 filled oan pap within 7	199	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
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and camp remave	Udin	issian) STATE D. JBb. COUNTY BARIES INCIAND YES NOW
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be an		Chaples INIAN EILROY CORA BOIL KASTIAN
ife cian and	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. / 17. INFORMANT Address
ertificate be physician o nen please naval, and in	Y	es, no. pytur@nown) (If yes give wor or dotes of service) 2/3-22-427 Son CHARLES GILROY -Indian Head Mo
ph hen	-	APPROXIMATE INTERVAL
at the death cer the attending parit permit. The matian, ar rema		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
he death attendi permit. ian, ar re		IMMEDIATE CAUSE (0) CARDIAC ARREST 541N.
aff per ian,		DUE TO, OR AS A CONSEQUENCE OF
the sit	1	Canditions, if any, which gave rise to immediate cause (a), (b) ARTERIOSCLEROTIC HIEART RISASE
tha by ran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the burial-transit burial, cremal		last. (c)
quir ohy iign ouri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
on series to be	7	4200 ACUTE PUELONEPHRITIS
law ndir bee s th	101	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The law requires that or attending physician icate has been signed by far use as the burial-tra	CERTIFICATION	Time Time YES NO (2 CAUSES OF DEATH)
or o	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF TNJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
al o al o fication far far Hec	3	OR CONTRIBUTING LAGUSSPOPORATE HOUR A.M. MONTH DOLL YEAR
SIC spilt spilt eertii eed . af	VED I	III either, natify medical examines. P.M. College P.M. 21d. INJURY OCCURRED 21e. PLACE OF LANGUARY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION STREET, FACTORY.)
ha ha ach ept	-	WALL CONTROL OF THE DING FEE
the det	4.0	at wark to drive the account of the
by ffter Stat		[22a, I certify that (1) (this haspital) attended the deceased from [22a, 1968, ta] [22a, ta] [2a, ta] [2a, ta]
ed ed he he	300	saw the deceased alive an
F de di		226. SIGNATURE 226. DATE SIGNED
OR ATENDING PHYSICIAN be retained by the haspital SIRECTOR: After this certifica e 3 shauld be detached fail ed with the State Dept. af He		I TO I THE TOTAL OF THE PARTY O
L OR be r DIRE		DIRECTOR PHYS. DIRECTOR PHYS. 8/6/68
May May poor for the formal poor for the forma		22d. PHYSICIAN'S ARTHUR SHAVER JRMD. 22e. ADDRESS 8808 Brewell Chip
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		The Could have
FU Page	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jawn) (County) (State)
5 5 5 5 S		Bur 1810 8/10/1968 Gilroy Family Cemetery Doncaster, Maryland
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS ADD
30M REV. ID 8	U	chart funeral Home Inc La Gata, my DATEAUG 9 1968 fallores grange

THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

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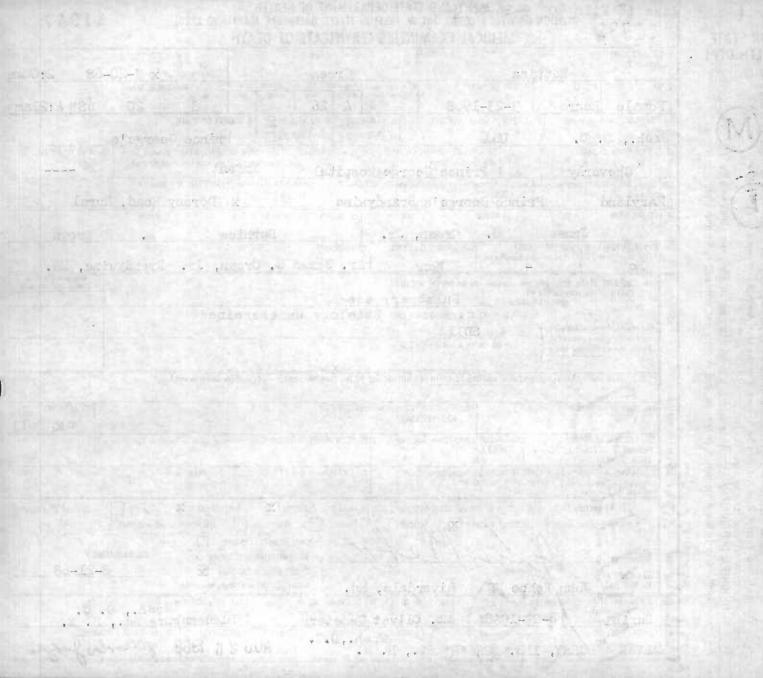
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, 1	1	11937	DIVISION OF VITAL RECORDS,	O STATE DEPARTMENT OF BOT W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	1945
		22008	C	ERTIFICATE OF DEATH		21010
# = F#	1.	DECEASED-NAME First (Type or print)	Middle	Last	2a. DATE OF DEATH	2b. HOUR A
after death. the funeral ges I and 2 after death.		Il		Graham	August 2	1 1968 B:20 M
after he fur ges 1 after	3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
the the		Female	White	March 4, 1		matriis sits nooks milk.
Page Page	70	a. BIRTHPLACE (State or foreign		8. MARRIED 🔲 NEVER MARRIED 🗌	9. COUNTY OF DEATH	
A V Dac		Canada	USA	WIDOWED A DIVORCED	Prince George's	Md.
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carban ent, with	3	Riverdale		Hosp.		INDUSTRI
completely ave carbar y event, wi	/ 13	la. USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before			
remave n any eve		dmission) STATE Maryland	TI OCOLEC	MINEI MATE W	NO □ 6104 44th. P.	L.
an	7 14	A. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Lost
lease rem and in an		Jim	Banning			
en please aval, and i	'	6a. WAS DECEASED EVER IN U.S. ARN Yes, na, or unknown) (If yes give w	ED FORCES? ar or dates of service) 16b. SOCIAL SECURITY NO.		Address	-1
DAD	-	NU		E. Leland Mem.	Hosp. 4408 Queen	APPROXIMATE INTERVAL
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g			TE CAUSE (a)	more concer	Jaguerou.	Suaacri
permit. ion, ar re		4109	DUE TO, OR AS A CONSEQUENCE OF	MATHINST	Wordle Heda	TAKO
būrial-transit permit. Th burial, cremation, ar rem		Canditians, if any, which gave) rise to immediate cause (a), ((b)	wae co		
Cre		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
ial,		last.	(c)			
pn		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE O	PRECONDITION GIVEN IN PART 1(a)	
. af Health priar ta b	3	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	COURT ION WITCHES	20b. IF YES, WERE FINDINGS	CONCIDENCE IN CERTIFICING
pric	2	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER		CAUSES OF DEATHS	CONSIDERED IN CERTIFFING
u c	X	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		nter nature of injury in Part 1 or Part 2,	Jan. 10)
<u> </u>			HOUR A.M. Manth Day Year	ZIC. HOW INJUST OCCURRED (EF	iter nature at injury in Part I ar Part 2,	17em 16.)
5	4	OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examing 21d. INJURY OCCURRED 21e.		DRAY DIE TOCATION CA DED	Na. City ar Tawn	Caunty State
Cep		While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	211. LOCATION Street of K.P.D.	na. Ciry ar lawn	Caunty State
ole i			a bosnital) attended the decease	1 from ////// / S 10	68 to 11111 10	12 (that /1\ /wa\ last
Š		saw the deceased a	s hospital) attended the deceased live an	and that in (my) (eur)	prinion death occurred on the d	ote and hour and from the
the	- 1	causes stated abave	, (I) (we) (did) (did nat) view the b	ady after death.	pinion dodin occar (ob on the d	
vith		22b. SIGNATURE	no malal	ATTENDING	MED 22c.	DATE SIGNED
ed v		X 10	I IIIII	ATTENDING PHYS.	MED. STAFF PHYS.	5-21-68
=		22d. PHYSICIAN'S	W.D.	22e. ADDRESS		
shauld be filed with the State Dept. at	1		nce W.Malin, M.D.		ensbury Rd. River	dale, Md. 20840
36	2	Ba. BURIAL, CREMATION, 23b. 1 REMOVAL (Specify)		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
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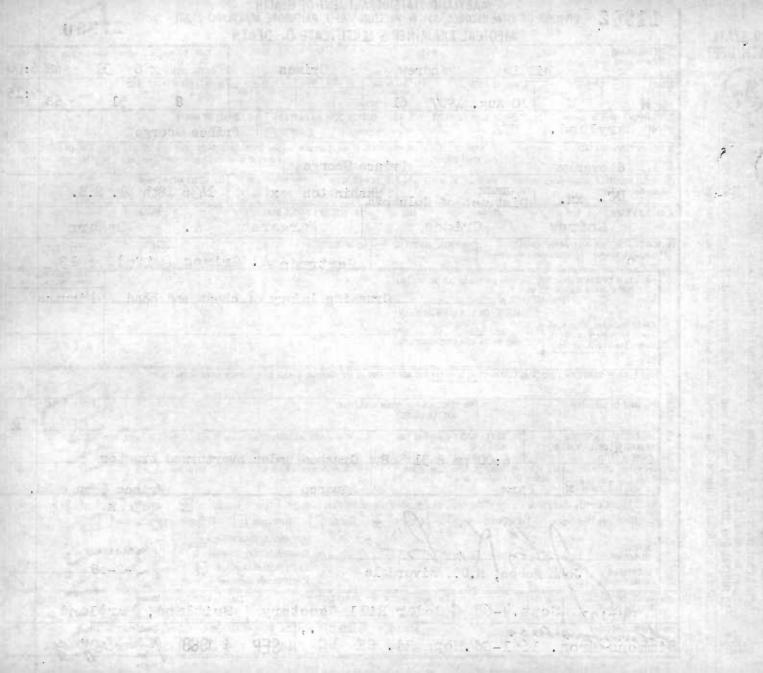
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-	1-		11940 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	44040
			Item 23a Film GCERTIFICATE OF DEATH	11948
¥.	and 2 death.		ECEASED-NAME First Middle Last 2a. DATE OF DEATH Type or print) C Month + Doy.	2b. HOUR
death	5.8	_ '	DE1118 W (78/998 Hugus) 10	1868 27pm
affe (3. SE	4. RACE J. J. S. DATE OF BIRTH 6. ASE (In years last burthday)	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
	X 2 2	-	FEMALE White 6/2/1899 189 YRS.	
hau	T 2 T	cour	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.	
24	ape n 73	10. (TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	
vithin	Political distriction	10. (11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ANNAM) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ANNAM) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY
y be	carb	13o.	USUAL RESIDENCE (Where, deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1	20/1
<u> </u>	ove de			ICKE WHI
e e ×	rem n an	14. 1	TATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle CHARLES H. Williams IDA. R.	lost Co
Ģ.	an ase	160	CHARLES H. WILLIAMS IOA. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address	B/(1693
requires that the death certificate be executed within 24 haurs	S FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and canadately filled in by the director, page 3 shauld be defached far use as the burial-transit permit. Then please remave carbon papers. Pagishauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72-frouts.		es, pd agrundinown) (If yes give wor or dates of service) 2.17-48-8/21	
cer	The		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath	nit. ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C. A. of CALLBLACKER	
o o	atte serm an,		1560 DUE TO, OR AS A CONSEQUENCE OF	The same of the sa
±	the risit p		Conditions, if any, which gave (b) (b) (b)	
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res	al, a		last. (c)	
ju ga	signed by the burial-transit burial, cremati		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	or Constitution of the fragiliary of the filed with the State Dept. of Health prior to	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings concauses of death?	SIDERED IN CERTIFYING
产品	also also	ERI	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite	m 18 \
TENDING PHYSICIAN:	iffica for	MEDICAL	OR CONTRIBUTING Auss or DEATH (If either, notify medical examiner) OR CONTRIBUTING Auss or DEATH HOUR A.M. Manth Day Year P.M. 19	11 10.)
IYSI pasa	cert ched ched	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town	Caunty State
4 b	this deta		at work at wark	
N A	Affer be Sta	6	22a. I certify that (I) (this haspital) attended the deceased from	that (I) (we) last
TEN	the the	3	causes stated abave, (I) (we) (did) (did nat) view the bady after death.	and have and fram the
A P		10	22b. SIGNATURE ATTENDING MED STAFE 22c. DA	TE SIGNED
O. S.	DIR Je 3 ed 7		DEGREE ATTENDING DIRECTOR DIRECTOR PHYS.	110/68
TO HOSPITAL	RAL Page be fil		22d. PHYSICIAN'S NAME (Type) LEON LEUITSKI MALONY 22e. ADDRESS Magnetin Mag	Me.
OSP	UNE I	230		(County) (State)
H OI	dire sho	B	REMOVAL (Specify) 8/11/68 It. Kinsoln Colonor N	Tour Mel.
10 11 20	VR A15 (4)	24.	Flinkral DIRECTOR DATE AUG 1 4 1968 PCLEAND AVE, DATE AUG 1 4 1968 PCLEAND AVE,	GNATURE
	SOM KEY. PLOS	1	V.W. CHAMEROLO CO. P. INGROALE, MO. DATE AUS 14 1968 JULIA	rest Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11950 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth Day Year (Type or Print) OF ESTI-DEATH MATED Phillip Andrew Grimes 1968 6:00 JE UNDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 10 Aug. 1907 19 68 W 61 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland. USA Prince George WIDOWED [7] DIVORCED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Cheverly Prince George 4 should be forwarded to the Chief Medical Examiner's Office olong 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN lond 2 with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) TSTATE 13b. CHUNTYX 1436 18th pl. S.E. Washington YES IN NO ofter 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle Last Andrew Grimes Margaret DeMarr hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** Same as (Yes, no, ar unknown) Gertrude A. Grimes (Wife APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a)____ Crushing injury of chest and head Minutes event DUE TO, OR AS A CONSEQUENCE OF Canditians, if any/which gave rise to immediate cause (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) burial, cremation, or removal, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO I YES 🗍 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. 21e. PLACE OF INJURY (At flome, farm, street, CAUSE OF DEATH Crushed under overturned tractor
21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED County State factory, affice building, etc.) WHILE AT WORK AT WORK Aquasco Prince George Md. 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry 3 and in my apinian Acident death resulted fram: Natural causes Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER John Kehoe, M.D., Riverdale **EXAMINER'S** 5 moy ro FUNEI Health NAME (Type) ADDRESS(Street, city, tawn, ar county) 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Sept.4-68 REMOVAL (Specify) Cedar Hill Cemetery Suitland, Maryland 24. FINERAL DIRECTOR Bros. 1661 Wash . 2So. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE Milanles 1968 VR A15ME (5) Bros. 1661-Gd.Hope Rd. SE 10M REV. 1/68



2 hours ofter deoth.

This certificate should be executed within 24 hours ofter death

necessory, please execute the certificate, writing the ward "pending"

DICAL EXAMINER:

TO DEPUTY

O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit pe Health prior ta buriol, crematian, or removal, and in pay event

5 moy be retoined for your files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11951

		MEDICAL	EVAMILIAEK 2	EKTIFICATE OF	DEATH			
1. DECEASE (Type of		irst	Middle	Last		OF FOUR	Day Year	2b. HOUR
(Type o	riiii)	Katherine	A	Guasp	30-177	OF ESTI- 8	21 196	\$ 4. W
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF MONTHS DAYS HO	UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	60	2d HOUR
F	W	26 Dec., ∶					L Year 68	same
7a. BIRTHP country)	LACE (State or foreign	76. CITIZEN OF WHAT COL		IARRIED NEVER MARRIED		INTY OF DEATH		
	Washington			DOWED DIVORCED	_	Prince (Md.
	Cheverly	give street of		George Host	during most a		12b. KIND OF BUSI INDUSTRY Liome	NESS OR
13a. USUA admissio	L RESIDENCE (Where deco	eased lived, if institution: I 13b. COUNTY Pri	Residence before 13c. (II	y or town liverdale yes	NO NO	13e. STREET AND NUMBER 5006 Ritten	house St	• •
14. FATHER		Middle ohn Sullivan	Last	1s. MOTHER'S MAIDEN N	nna Fu	Middle ller	Last	
	eceased ever in U.S. ARME ar unknown)	ED FORCES? 16b. S	OCIAL SECURITY NO.	17. INFORMANT		ADDRESS	74	
£ (103, 110,	no [ii yes g	live wat or dates at setatral		Katherine A	Docker	ndorf Riverdal	le, Md.	
18.	CAUSE OF DEATH (Enter	anly ane cause per line for	(a), (b), and (c).)				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	PART I. DEATH WAS CAU	DIATE CAUSE (a)		opneumonia a		Various series III	10 da	ys
	185 X litians, if any, which gave	DUE TO, OR AS A	CONSEQUENCE OF Arteri	losclerotic h	heart o	lisease	years	
	to immediate cause (a) ng the underlying couse	, (, , , , , , , , , , , , , , , , , ,		THE PROPERTY.				
last.		(c)					1003 60	
PART	2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE	OR CONDITIO	N GIVEN IN PART 1(a)		
z 4	9/X Frac	ture of Pelv	is					
MEDICAL CERTIFICATION 18-01 I SOLUTION 1	DATE OF OPERATION		CONDITION FOR WHICH O WAS PERFORMED?	PERATION			20. AUTOPSY	? NO 🗍
€ 21a. E	EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Manth, Day, Year	21c. HOW INJURY OCCURRE	ED (Enter natu	re af injury in Part 1 ar Parf 2, Ite	m 18.)	
PRIM CAUS	IARY []] OR CONTRIBUTING SE OF DEATH	1:30 Pam	7 24 68	Fell in 1:	iving	room of home.		
	NJURY OCCURRED 21	e. PLACE OF INJURY (At ham	ne, farm, street,	21f. LOCATION Street ar R.F.	.D. Na.	City or Town	County	State
HW W TA	ILE NOT WHILE ORK AT WORK	factory, office building, etc.) Home		5006 Ritte	enhouse	e St. Riverdale	P.G.	Md.
		I taak charge of the rer	mains described aba			pectian 🔭 Inquiry 🕱		y opinion
	death resulted fram;	-//	X. Accident x.		micide .			a inc
		1/1	- //-	CHIEF MEI	DICAL EXAMINE	ER 🗍		
SIGI	UAL NATURE	100h.	011	M.D. ASSISTANT	MEDICAL EXA	MINER 22b. DATE S	IGNED	
EXA		Kehoe, M.D.	, Riverdal	DEPUTY M	MEDICAL EXAMI		2–68	
23o. BURI	AL, CREMATION, 23	Bb. DATE	23c. NAME OF CEMETER	RY OR CREMATORY	23d.	LOCATION (City or Town)	(County) (St	tate)
REMA	VAL (Specify)	ıg 24, 1968		t Cemetery		ashington D. C.	, ,,	,
24. FUNER	AL DIRECTOR		ADDRESS			GISTRAR 1968 REGISTRAR'S SI		
	F. Gasch	s Sons Hyat	ttsville,	Md.	AUG 2	6 1968 xuis	res you	16

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DEPARTMENT OF REALTH

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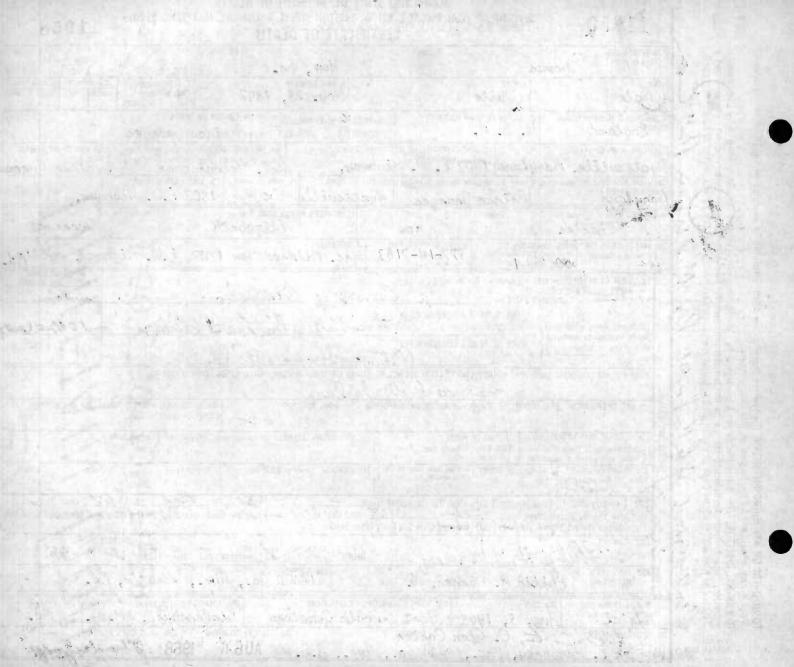
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11956 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWNET Month (Type or Print) delay n. nd 3 ta ESTI-Harley Tamara 8 1968 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH-2c. DATE PRONOUNCED DEAD last birthday) P.M.3 1968 10 Jan., 48 20 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH alang with farm New York U. S. A. WIDOWED [DIVORCED [Prince George Give Pages ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY Prince George Hosp Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 1 13b. COUNTY 18 E. 68th St., Apt 5-A New York Item 18. YES IN NO 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME Andre Harley Natalie Hourvitch .= hours Examiner's 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes. no. or unknown) (If yes give war or dates of service) N.A. Frank E. Campbell F.H. 81st & Madison Ave NYC no APPROXIMATE INTERVAL 2 event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. should be farwarded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Laceration of brain Min. IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave Skull fracture rise to immediate couse (a). certificate should any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Trauma-auto accident .⊆ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES 🗌 NO TX 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, Passenger in car which overturned. 5:35 pm 8 3 1968 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State foctory, office building, etc.)
Baltimore Wash. Prkwy Md. Prince George Co Greenbelt 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection 74. Inquiry X and in my apinian the funeral director. death resulted fram: Natural causes Accident X Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-4-68 DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** 5 may ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) John Kehoe, M.D. Riverdale 23b. DATE 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8-5-68 Demova: 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAPURE Joseph Gawlers Sons 5130 Wisc. Ave. N. W. VR A15ME (5) 1968 yellander DATE Washington D. C. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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		11951	DIVISION OF VITAL RECORDS	s, 301 W. PRESTOI	N STREET, BALTIMOR	RE, MARYLAND 21201	
1		TERRIT		CERTIFICATE	OF DEATH		11959
П		CEASED-NAME First	Middle	Las	t 2a.	DATE OF DEATH	2b. HOUR
1	(1	ype ar print) MAR	1/	4/11.	,Vins	Month De	Year o 1199
ĺ	3. SE		4. RACE	5 DATE	OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
I	0. 50	F	1/	J. ONIC	7 7 8	last birthday)	MONTHS DAYS HOURS MIN
ı	70 5	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY2	10	- 0 /	UNTY OF PEATH	
	caun	(1ry) U.S.A	CHARLES	8. MARRIED NEVE	DIVORCED [Pr. Geo	rge Mo
1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in has		UPATION (Kind of work dane warking life, evenif retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ı	13a.	USUAL RESIDENCE (Where decease	d lived, if institution: Residence before	e 13c CITY OR LOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
	admi	ssian) STATE Md	13b. COUNTY Charles		TA YES NO T	R+2	
	14. F	ATHER'S NAME First	Middle Last		R'S MAIDEN NAME First	Middle	Last
		GONZEY	GREEN REEDE	R	ANN	Œ	REEDER
1	16a.	WAS DECEASED EVER IN U.S. ARME		Y NO. 17. INFORMA	NT	Address	
ı	Y	es, na, or unknown) (If yes give wa	or or dates of service) None	Anni	e Smothers	-Daughter -	- Newburg .Md
ŀ		18 CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and (APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSED			- 11000	27	BETWEEN ONSET AND DEATH
		1412 MMEDIAT		ardia	ame	000	*
ı		712,9	DUE TO, OR AS A CONSEQUENCE C)F	des	x 10,000	
		Canditians, if any, which gave rise to immediate cause (a),	(b)	nzaoer	n Ira	n juva	
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	OF The second	2.1	-1 -1	. 1
ı		last.	(c) (e)	recorde	Julen 1	hleredeur	Kesen i
		PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	Limber of the second
	2	4330					
d	ATIO	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a.	. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
	CERTIFICATION			Y	ES NO XX	CAUSES OF DEATH?	
1		21a. ACCIDENT WAS UNDERLYING	3 21b. TIME OF INJURY		_	re af injury in Part 1 or Part 2,	Item 18.)
I	3	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Yes	10			
	MEDICAL	(If either, natify medical examine 21d, INJURY OCCURRED 21e, I		FACTORY 1 215 LOCATION	Street or D.F.D. Ma	City or Town	County State
I		While Nat while	OFFICE BUILDING, ETC.	FACTORY,) 21f. LOCATION	A A A A A A A A A A A A A A A A A A A	cay ar rawii	coomy side
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		22a. I certity that (I) (this	s haspital) attended the decedive on	ised from Than	in/my//aux	10/mg, 2/1, 19	that (I) (we) las
	1	saw the deceased all	(i) (we) (did) (did hat) view th	e body after death	in (my) (our) opinion	deoin occurred on the d	ore and naur ond from th
I		22b. SIGNATURE	(1) (we) (ala) (valiat) yiew xi	e body uner deom.		22,	DATE SIGNED
		220. SIGNATORE	DE TAL	AT DECORE AT	TENDING MED	OR STAFF STAFF	DATE SIGNED 1968
ĺ		and survey with	and offer	The state of the s	YS. DIRECTO	DR L PHYS. L	7,7,700
١		22d. PHYSICIAN'S NAME (Type) Alfre	ed R. Lapen , 1	M.D. 22	e. ADDRESS Clinton	Maryland	
	23a.	BURIAL, CREMATION, 23b. D	4 4 4 4 4 1	OF CEMETERY OR CREMAT		. LOCATION (City or Town)	(Caunty) (State)
		BEMOVAL SPICITY) /8/			s Cemetery		, Maryland
	24.	FUNERAL DIRECTOR	ADDRE ADDRE	SS ON	2Sa REC'D BY REG		
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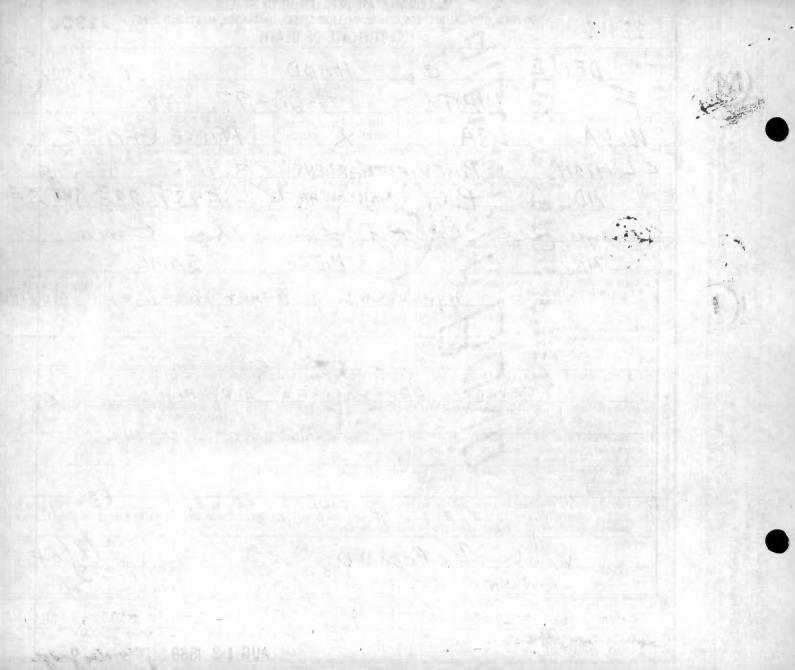
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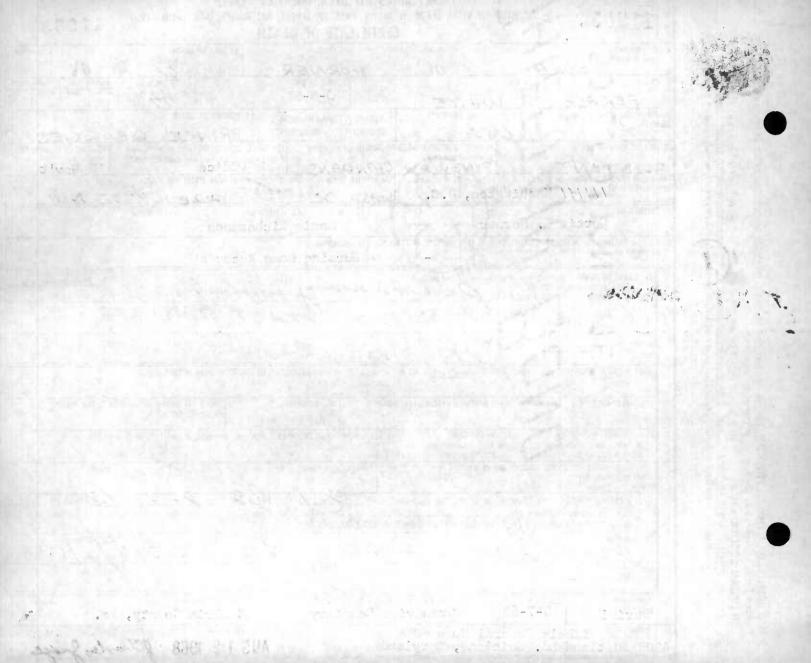
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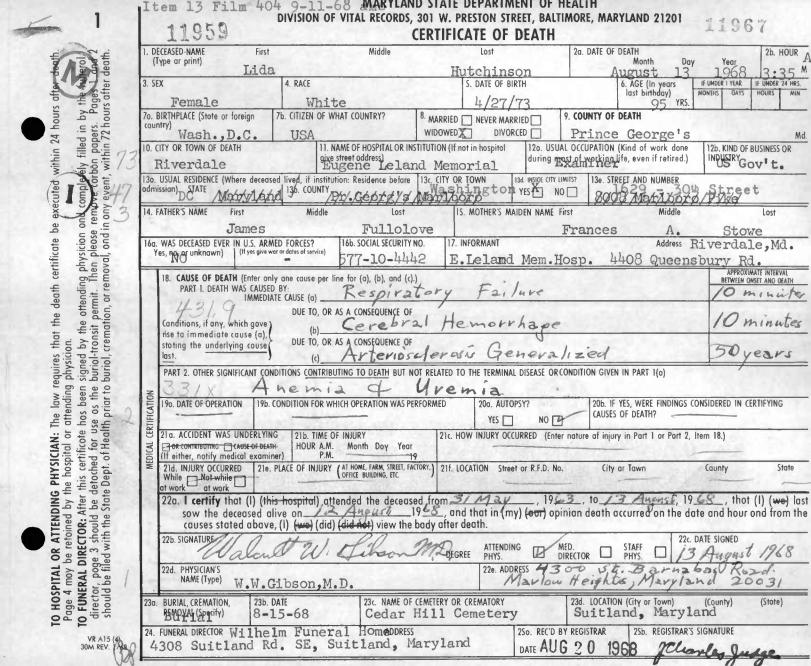
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11956 11964 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b/COUNTY INCE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) WAShINGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 57 YES X NO [NAME OF First Middle DATE Lost Month Doy Year carbar DECEASED and in any event, HOSTETTER (Type or print) DEATH requires that the death certificate be executed SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR UNDER 24 HRS AGE (In years lost birthdoy) Months Doys Hours WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? LITHOGRAPI MACHINIS VIRGINIA FEDERA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, REEL ELIZABETH WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, prunknown) (If yes give wor or dates of service) 182026 MOND signed by the after burial-transit perm burial, crematian, a t8. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, of ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the has been lost. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO X this certificate jo 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, affice bldg., etc.) Not While at work ot work TO FUNERAL DIRECTOR: After 1968 21. I certify that (I) (this hospital) attended the deceased from. directar, page 3 shauld shauld be filed with the 19 Cocand that death accurred at 30 M, fram causes and an the date stated above. saw the deceased alive an R. 22a. SIGNATURE MED. DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) LEXINGTON, VIRGINIA FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) DATE SEP 25M 1/67

THE STREET STREET, IN AS #3741 arrive to security TANCE TO SERVICE TO SE CHARLES AND ATRIBASING STREET STREET STREET



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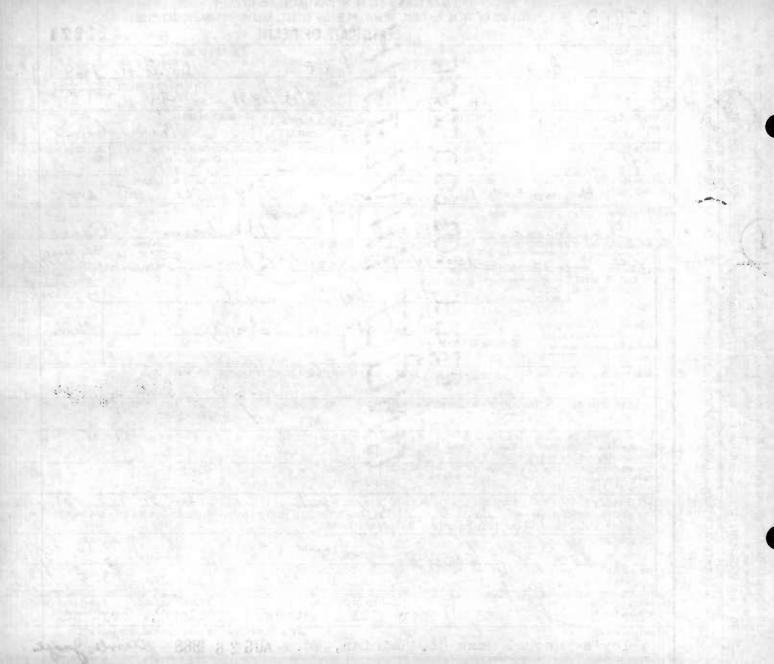
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\$ 25t	1	Femilo		Con casion		8/13 /18	191	last birthday)	MONTHS DANS I	HOURS MIN.
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e execution on company on any even	14. [ATHER'S NAME First	Middle		1S. M	OTHER'S MAIDEN NAME	First	Middle	,	Last
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ofh idin if.		PART 1. DEATH WAS CAUS	D BY: ATE CAUSE (a)	54vo/6		betus ul	eve			reeks.
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hat n. yy tl ans		rise to immediate cause (a), stating the underlying cause	DUE TO, O	R AS A CONSEQUENCE OF	11-411	av Eesti GE	3.	STATE OF THE	CHAP	
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aguires that the physicion. signed by the buriol-transit p	-	PART 2. OTHER SIGNIFICANT CO		BUTING TO DEATH BUT NO	OT RELATED TO TH	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
ng F	-	334x	1 32.5							
low ndir	ATIO	19a. DATE OF OPERATION 19b	CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF	YES, WERE FINDINGS CO	NSIDERED IN CERT	TIFYING
PHYSICIAN: The low requires that the deoth certe hospital or attending physicion. his certificate hos been signed by the ottending platached for use os the buriol-transit permit. The Dept. of Health prior to buriol, cremation, or remov	CERTIFICATION					YES NO	CAUSES	OF DEATH?		
or or use		21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME	OF INJURY	21c. HOW	INJURY OCCURRED (Ent	er nature of inju	ry in Port 1 or Part 2, It	em 18.)	
CIA if de life of He	MEDICAL	OR CONTRIBUTING CAUSE OF DE								
YSI osp cert thed	MED	21d. INJURY OCCURRED 21e	PLACE OF INJUR	Y (AT HOME, FARM, STREET, FAC	TORY. 1 21f. LOCA	TION Street or R.F.D. N	a. City	or Town	County	Stote
JING PHYSICIAN: The low requires the by the hospital or attending physicion frer this certificate hos been signed by be detached for use os the buriol-trastate Dept. of Health prior to buriol, cre		While Nat while at wark of wark		OFFICE BUILDING, ETC.						
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NDI d b d b d b		22o. I certify that (I) (the saw the deceased	live on	lug. 21 1	9 65, and t	hof in (my) (our) or	inion deoth	occurred on the dot	e ond hour or	nd from the
OR Gine		couses stoted abov	e, (I) (we) (di	d) (did not) view the	body after dec	oth.	/	T		1
OR ATTENE be retained DIRECTOR: A je 3 should ed with the		22b. SIGNATURE	6	6	250255	ATTENDING	MED.	STAFF -	ATE SIGNED	5.11
OR be re DIRE ge 3 ge 3 led w		16 of	0	Orszian	DEGREE	F [11] 3.	DIRECTOR L	PHYS.	8/4/	10y .
Page 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond codirector, page 3 should be detached for use as the buriol-transit permit. Then please remosshould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any		22d. PHYSICIAN'S NAME (Type)	60 G	Grazieni		22e. ADDRESS 10101	Gara	2 Avo . 1	5. 5.	78.
OSE Be 4 UNE	230		DATE		CEMETERY OR CR	EMATORY	23d. LOCATIO	ON (City or Town)	(Caunty)	(State)
Pog Pog H		REMOVAL (Specify) 8/	24/196	8 Cedar	Hill	Cemetery		land, Mar		
(1)		FUNERAL DIRECTOR	•	ADDRESS			BY REGISTRAR	2Sb. REGISTRAR'S		75
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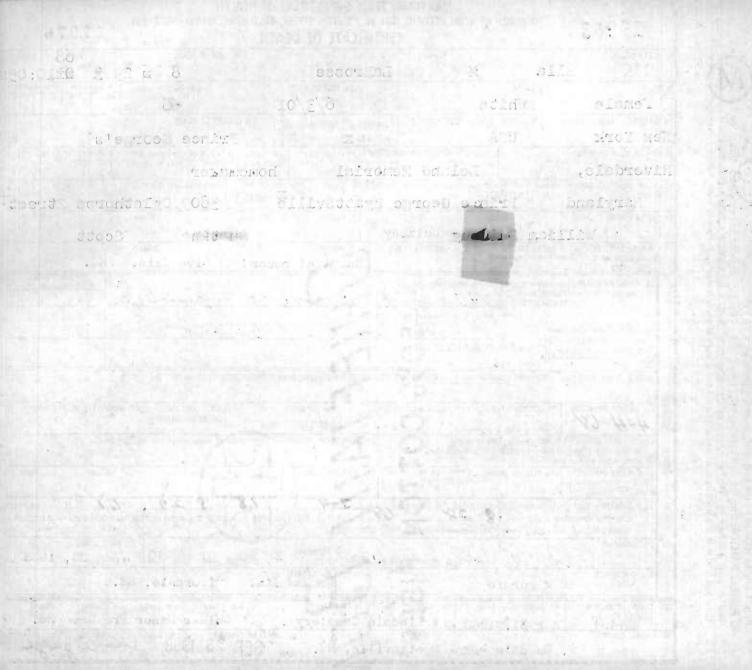
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112	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		11966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11974
HEALTH DEPT.	1. 0	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
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± 0 3 ±	3. 5		2d. HOUR
ny deloy 2, and 3 PM3. Pag partment		lost birthday) MONTHS DAYS HOURS MIN & Month Day	68 19 1:05am M
PN PN	70	Male White 4-12-1903 65 YRS. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED YNEVER MARRIED 9. COUNTY OF DEATH	OO 14 T: W JAIR M
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oth any ages 1, 2, c th farm PN	10	Russia U.S.A. WIDOWED DIVORCED Prince George's	12b. KIND OF BUSINESS OR
0 × 0 7111		give street address) during most of working life even if setting the	INDUSTRY
h. th		Cheverly Prince George Hospital Window Displays USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
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2 6 2	Md	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	17.		FOST
hin 24 ncil in I niner's poges 1 hours o	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
		Yes, no, or unknown) (If yes give war or dates of service) Mrs. Lois Klion, 5207 Upshi	ur St
d with the Exan Exan File	-	Bladensbu	A ANNAUMATE INTERVAL BETWEEN ONSET AND DEATH
thin thin		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	
xecuted nding" i Medicol permit.		IMMEDIATE CAUSE (a) Heart Tallure	minutes
d be executed in "pending" in Chief Medical Estransit permit. Ey event within		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 15 yrs.
		rise to immediate cause (a) (b)	
should be executed e word "pending" in o the Chief Medicol E ourial-transit permit. F in any event within	100	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she v he v to the buri		(c)	
INER: This certificate should e certificate, writing the word should be forworded to the Chiles. 3 should be used as a burial-tradition, or removal, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
riffinition riffin vord	NO	Diabetes mellitus - over 15 yrs. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
certii v. writ orwol used used	IS	WAS PERFORMED?	
ER: This certific certificate, writin ould be forword es. hould be used or ion, or removol,	CERTIFICATION	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, 1	YES NO X
ILINER: The certification is should by files. 3 should by a should be a shoul		PRIMARY OR CONTRIBUTING HOUR A.M.	11611 10.)
INES shou files shou artio	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE AT WORK AT WORK	county store
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olcose es) director. etoined DIRECTO		death resulted fram: Natural causes 🔀, Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner	
pleose I directe retoine DIREC or to b	16	ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE 22b. DATE	E CICNED
ry, ry, eral be r prii		SIGNATURE MILL STATEMENT OF THE STATEMEN	8-26-68
DEPUTY DICA cessory, please e e funeral director may be retained FUNERAL DIRECT		EXAMINER S	8-20-08
necessory, property the funeral S may be r to FUNERAL Health price	220	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) BURIAL (REMATION) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
7 - 1,5	230	REMOVAL (Specify) / 8/27/68 King David Mem.Garden Falls Chur	, , , ,
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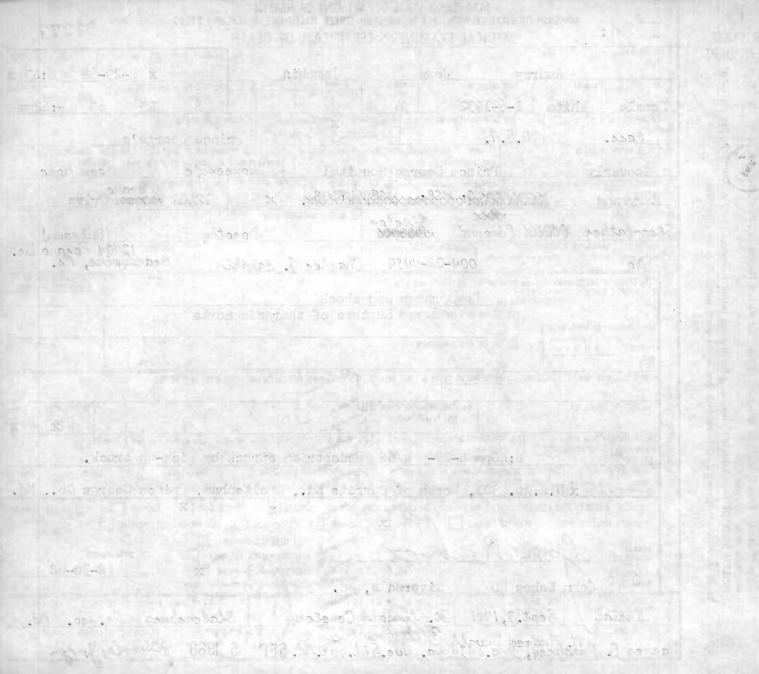
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH ond completely filled in by the funeral remove corbon papers. Pages 1 and 2 in any event within 72 bours offer death. be executed within 24 hours ofter death (Type or print) DORA MAY KUHNS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lest_birthday) Female White June 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Maryland Prince WIDOWED ---DIVORCED [George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY 00 Hillcrest Hghts 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136. CITY OR TOWN 3d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY-NO 2602-Fairlawn 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost Lost Wright John Ella Tyson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address 17. INFORMANT certifica physici (If yes give war or dates of service) Yes, no, or unknown) signed by the attending physical burial-tronsit permit. Then ple burial, cremation, or removol, 6115-Arbroath Eugene L. Kunhs 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ATTENDING PHYSICIAN: The low requires that the deoth Lo rmaty Oca lusion Yearn DUE TO, OR AS A CONSEQUENCE OF Athero schoolic Cardio Vancular dunase Conditions, if any, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been the of Health prior to Car ciuma CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES [NO. CX O FUNERAL DIRECTOR: After this certificate by the hospitol or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from fully 21, 1967, ta way 22, 1968, that (I) (we) lost saw the deceased alive an July 27, 1968, and that in (my) (aur) apinion death occurred an the date and hour and from the be retained couses stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Aug. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Etienne Szollosi Dr SE Parkway Forest Hghts, Md NAME (Type) director, should b 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Cemetery Suitland. Maryland Cedar 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 26 Ochanles In 1968 Hope Rd

Committee of Education Control of the Control of th THE OWNER OF BUILDING AND SHAPE (and the contract of the contr



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) ESTI-19 8:43 pm 0 Audrev Lampkin DEATH MATED X Joan Department IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 199:12pm M 1-6-1932 White Female YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH arm WIDOWED | DIVORCED [Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George Hospital during most of working life, even if retired.) BIVE Cheverly 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 12404 Morano Drive the certificate, writing the ward "pending" in pencil in Item 18. 4 shauld be farwarded to the Chief Medical Examiner's Office al YES X NO after 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Lost Step-father Edmound Dorothy Unknown within 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 12404 (Yes, ng, or unknown) Brandywine. 004-28-44.59 Charles G. Lampkin File APPROXIMATE INTERVAL any event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Hemorrhage and shock DUE TO, OR AS A CONSEQUENCE OF Rupture of thoracic aorta burial-transit Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ This certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES THE NO THE 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year g 3 shauld PRIMARY OR CONTRIBUTING cremation, Pedestrian struck by pick-up truck. 8:40pm 8-29- 19 68 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town 21e. PLACE OF INJURY (At-home, form, street, County WHILE NOT WHILE U.S.Rt. 301. North of Surrats Rd., Cheltenham, Prince George Co., Md. 22a. I certify that I took charge af the remains described above, held on Autopsy Inspection 3. Inquiry , ond in my opinian the funeral directar. death resulted fram: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 8-30-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md. John Kehoe MD 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (State) REMOVAL (Specity) It. Lincoln Cemetery Sept. 3. 1968 Bladensburg 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968 VR A15ME (5) 10M REV. 1/68



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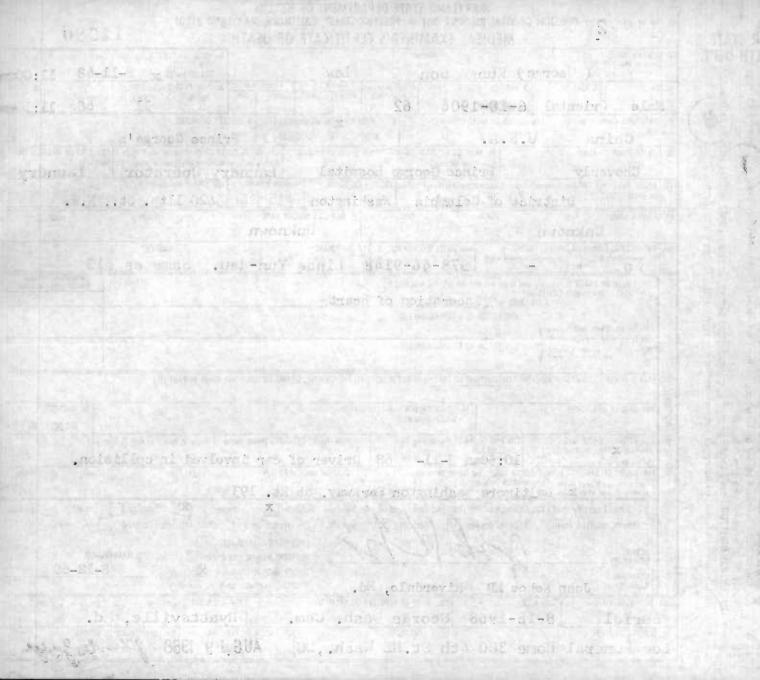
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) any delay is 2, and 3 ta PM3. Page ESTI-8-11-68 19 11:00atm George) Kung Son af Lew DEATH MATED TO IF UNDER 1 YEAR 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) 6819 62 Oriental 6-10-1906 Male 11:10am 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. China WIDOWED | DIVORCED Prince George's death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with Prince George Hospital during most of working life, even if retired.)
Laundry Operator Cheverly Laundry with 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. District of Columbia 4 should be forwarded to the Chief Medical Examiner's Office al Washington YES NO 3420 11th. St., N.W. hours Item 18 pages land 2 after First Lost 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Unknown Unknown hours within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) 578-46-9148 Linda Yun-dau. Same as #13 File APPROXIMATE INTERVAL .⊑ any event within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Laceration of heart DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse crematian, or remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O OS CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO [pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING HOUR A.M. 10:50am 8-11- 19 68 Driver of car involved in collision. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote WHILE NOT WHILE foctory, office building, etc.)

AT WORK AT WORK Baltimore Washington Parkway, at Rt. 193 please execute burial, 220. I certify that I took charge of the remains described obote, held on Autopsy 3. Inspection X, Inquiry ond in my opinion funeral directar. deoth resulted from: Notural couses 77 /Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ealth prior ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 8-12-68 DEPUTY MEDICAL EXAMINER may Riverdale, Md. John Kehoe MD ADDRESS(Street, city, town, or county) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 0 23b. DATÉ 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 8-18-1968 Hyattsville, Md. George Wash. Cem. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lee Funeral Home 300 4th St. NE Wash., DC DATE AUG 19 VR A15ME [5] 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



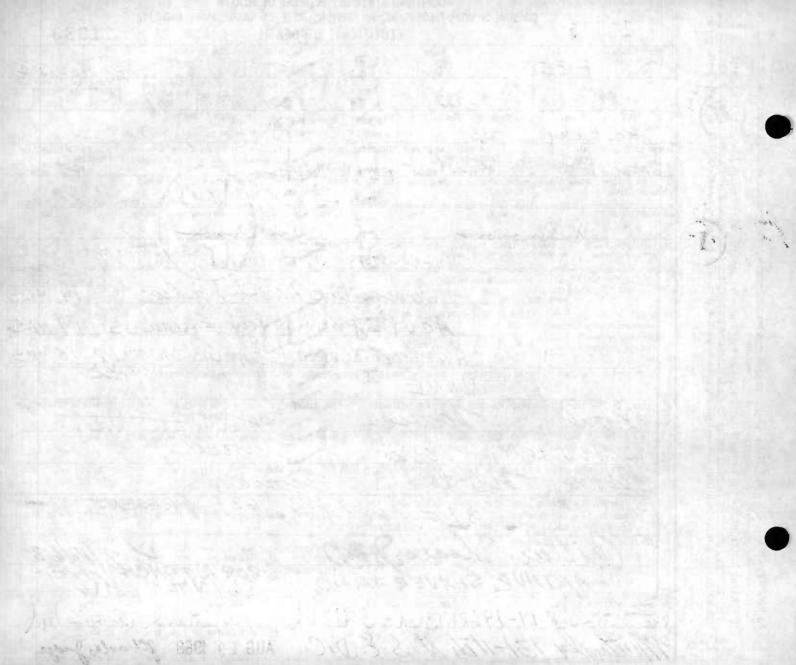
MARYLAND STATE DEPARTMENT OF HEALTH

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	11975 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11983
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equires that the death ce physicion. signed by the ottending burial-tronsit permit. Th burial, cremation, or rem	18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause (c) PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a), APPROXIMANT INTERVAL BETWEEN ONSET AND DEATH APPROXIMANT INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a), APPROXIMANT INTERVAL BETWEEN ONSET AND DEATH APPROXIMANT INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH 14 HPC DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMANT INTERVAL BETWEEN ONSET AND DEATH THE PROXIMANT INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE PROXIMANT INTERVAL BETWEEN ONSET AND DEATH THE PROXIMANT INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE PROXIMANT INTERVAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE PROXIMANT INTERVAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE PROXIMANT INTERVAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE PROXIMANT INTERVAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE PROXIMANT INTERVAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE TERMINAL DISEASE OR CONDITION
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived/ If Institution: Residence before admission) e. COUNTY e. STATE . COUNTY Prince George's Maryland MARYLAND Charles lepartment fter death. funera b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) may write RURAL and give nearest town) Cheverly DOA Welcome the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ग्र ON A FARM? 2 Prince George's General Hospital None YES NO 2, and PM3. NAME OF 3. Middle DATE Lest Month Day Year the 72 DECEASED (Type or print) Joseph Earl DEATH Marbury 19 68 August 2 with within 5. SEX Pages 1, 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED 9. Months i Days Hours Male Negro WII

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOWED | DIVORCED { July 17 1896 GIVE Pa 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Mechanic - retired Pisgah, Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **EXAMINER:** This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item 19 nould be forwarded to the Chief Medical Examiner's Office, a a i William Henry Marbury Elricka Neal Marbury File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes pive war or dates of service) permit. Yes World War II Norma Keys (daugther) Welcome, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit Congestive Heart Failure DUE TO Conditions, If any, which Coronary arteriosclerotic Heart disease Years (b) gave rise to immediate DUE TO (a), stating CC underlying couse last. used as to burial, (c) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI NO be EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY TT or CONTRIBUTING PE CAUSE OF DEATH. 3 should agent, p MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. Not While 19 at work at work the cert 21. I certify that \ took charge of the remains described above, held an Autopsy xx Inspection. and in my opinion files. death resulted from: Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER your ACTUAL DATE SIGNED SIGNATUR for 00 DEPUTY MEDICAL EXAMINER FUNERAL F Health o Prince George s General Hos director. retained NAME (Type) Cornelius J. Burns, M.D. Cheverly, Maryland BURIAL, CREMATION, 1 23b. CREMATOR' 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 LION REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. HONK JADDRESS DATE AUG VR A15ME N.W. 20011 3500 4-64

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within 24 hours after death lely filled in by the funeral ban papers. Bages 1: and 2 within 72 hours after death		FEMALE	4. RACE CAU			S. DATE OF BIRTH 3 NOVEMBER	R 1921	6. AGE (In years birthday)	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN
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rtificate of physician physician please and in		WAS DECEASED EVER IN U.S Y. FoSor unknown) (If yes	ARMED FORCES?		444 Mrs	(Mother)	Marchite	elli, box 2 Avonmo	02, re, Pa.	15618
PHYSICIAN: The law requires that the death certificate be execute haspital ar attending physician. his certificate has been signed by the attending physician and combitached far use as the burial-transit permit. Then please remove Dept. af Health priar ta burial, crematian, ar remaval, and in any expense.		PART I. DEATH WAS C IMI Conditions, if any, which g rise to immediate cause stating the underlying ca last.	AUSED BY: MEDIATE CAUSE (a) DUE TO (a), USE DUE TO), OR AS A CONSEQUENCE O	F F	O THE TERMINAL DISEASE		neelum N IN PART I(a)	BETWEEN ON	AND DEATH
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	ME		21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LC	OCATION Street or R.F.D.	. Na. City	y ar Tawn	County	State
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle Last 2a. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) ESTI-2, and 3 ta Willard DEATH MATED X 8-15-68 Marshall Li: OOam Jesse 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNOER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR MONTHS Y68 3:15pm M 3-8-1915 Male White YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Va. TISA WIDOWED . DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUTES GOVt. give street address) during most all warking life, even if retired.) Cheverly Prince George Hospital 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN Prince George's Boulevard Hgts NO odmission) STATE 5 4907 Alton Street the certificate, writing the ward "pending" in pencil in Item 1 4 shauld be farwarded ta the Chief Medical Examiner's Office after Marshall 15. MOTHER'S MAIDEN NAME First Tallie Swin 14. FATHER'S NAME First Page haurs pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no, ar unknown) (If yes gue war or dates of service) 233-128186 Claudette Jones 6821 Riverdale Rd. APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure minutes event DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio vascular disease unknown burial-transit Canditians, if any, which gave rise to immediate cause (a). in any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This (YES 🔽 NO T 21a. EXTERNAL CAUSE WAS 9 21b. TIME OF INJURY Manth, Day, Year 3 shauld 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X Inquiry ond in my opinion the funeral director. Notyfol/couses, 3 Acedent . deoth resulted from: Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE. 8-18-68 DEPUTY MEDICAL EXAMINER TO 5 may b TO FUNER Health **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) NAME (Type) John Kehoe MD Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8-20-68 4000 Suitland Rd. S. E. Cedar Hill Cemetery Rurial. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert E. Wilhelm 4308 Suitland Rd. S. E. VR A15ME (5) 10M REV. 1/6

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MARYLAND STATE DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE

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	b. CITY OR TOWN (if outside corp write RURAL and give nearest CHEVERLY	orata limits, town)	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown) LANDOVER							
	d. NAME OF HOSPITAL OR INSTIT	TUTION (if not in hosp	pital, giva streat address)	d. STREET ADDRESS								
	PRINCE GEORGES	Hospital		25	2 COLUM	BIA AVE	ENUE			NO TO		
	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Dey	Year			
		OHN W MERI				DEATH	AUG	- m m		68_		
5.		OR RACE 7. MARRIED	NEVER MARRIED	B. DATE		ACCOUNT OF	last birthday)	Months Days	Hours	24 HRS.		
	MAIE WHIT	E WIDOWE		JUNE	18, 189	2	76 yrs.					
do	. USUAL OCCUPATION (Giva kin na during most of working life, eve	n if retired)	ND OF BUSINESS OR INDU	STRY 11. B	RTHPLACE (Cou	inty & State, or	foreign country)	12. CITIZEN C	OF WHAT C	OUNTRY?		
_	CARPENTER FATHER'S NAME	CO1	STRUCTION		ARYLAND			USA				
3.				14. MC	THER'S MAIDEN							
5	JOSEPH MERKLE WAS DECEASED EVER IN U.S. AR	MED EODCESS 14	SOCIAL SECURITY NO. 17	INFORM	UNKNOWN		Address					
	s, no, or unkown) (Ifyesgivewaro		420.043									
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	Conditions, if any, which gave rise to immediate causa	(b) / / /e	14 Lewis	7	,0 ,00	0 0 -	relar	DI3893	. 11	pue		
	(a), stating the undarlying	DUE TO										
,	PART II. OTHER SIGNIFICAN	(c)	TRIBUTING TO DEATH BUT	NOT RELAT	D TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS A	UTOPSY		
	4201		A CHARLES			- T. T.	41		PERFC	RMED?		
CERTIF	20a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	FDEATH	CRIBE HOW INJURY OCCUI	RED. (Enter n	etura of injury in	n Part I or Part I	It of item 18.)					
MEDICAL	20c. TIME OF INJURY Month Hour a.m. p.m.	Day, Year 20d. I Whila 19 at work	Not Whila		IJURY (Homa, far t, offica bldg., at		y or lown)	(County)		(State)		
	21. I certify that (I) (this saw the deceased alive of	3/1/A1	led the deceased from	//	occurred at 2	- 4	- /	, 196. T,				
	226.) SIGNATURE	40		1.	TENDING	MFD.	STAFF		228	. DATE		
_	The m. Hu	letime				DIRECTOR [PHYS.		8-5	7-64		
_	22c. PHYSICIAN'S NAME (Typa)			220	. ADDRESS							
238	BURIAL, CREMATION, 236. D	ATE THEREOF	23c. NAME OF CEMETER	Y OR CREA	MATORY	23d. LOC	ATION (City, to	wn or county)	{\$	tate)		
	BURIAL (Spacify) 8-2	9-68	CEDAR HILL	CEMET	ERY	SUITI	AND, PR	INCE GEOF	RŒS,	MD.		
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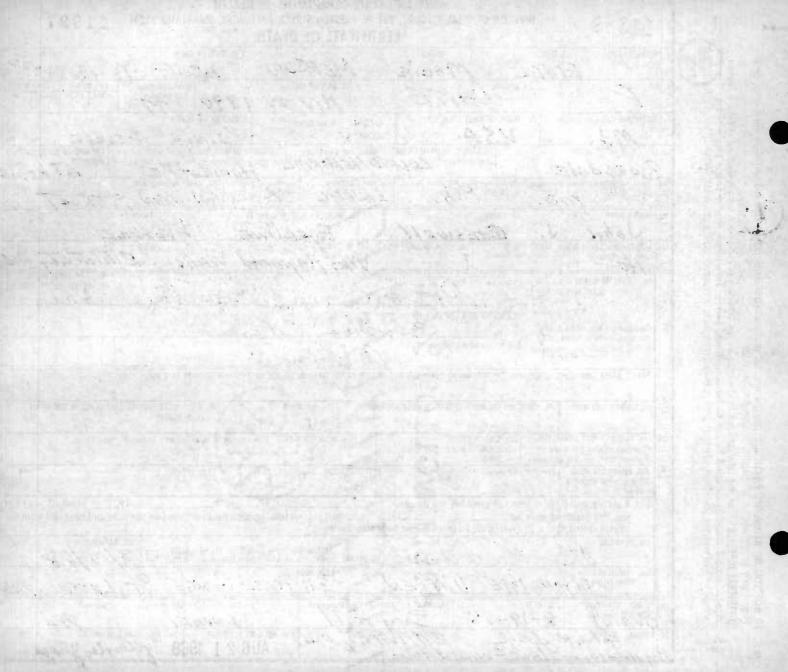
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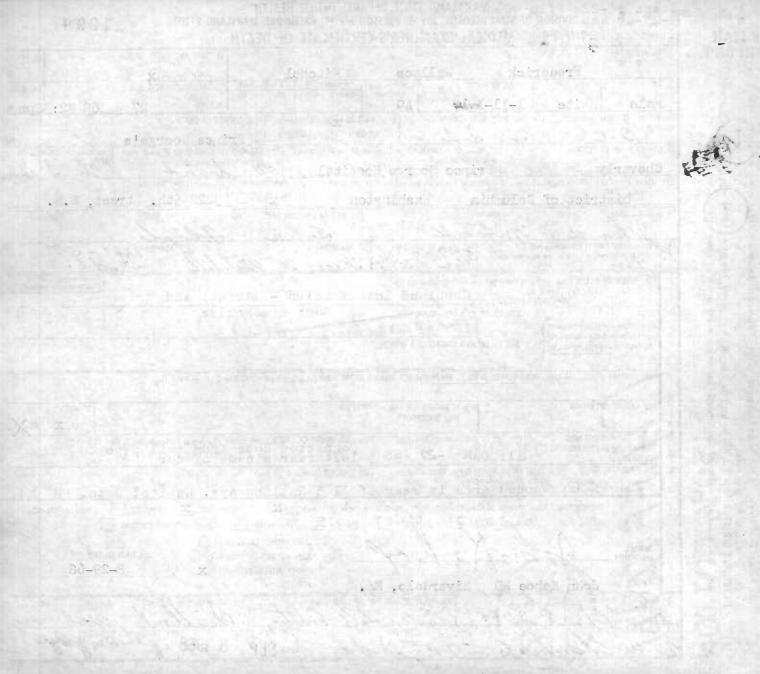
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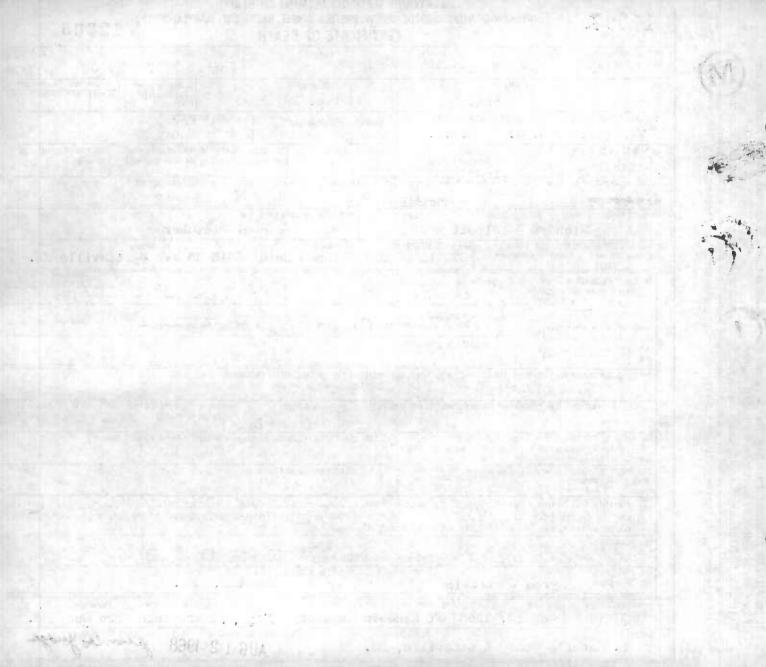
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2, and PM3 PM3		ale white	7/26/				Month December	25,	Yeor 1968 noon
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hours after death Item 18. Give Pages 1, Office alang with farm 1 and 2 with the State De after death.		TY OR TOWN OF DEATH Riverdale Unknown	11. NA give st	ME OF HOSPITAL OR INS	MANUTURE (If not one)	spitol 120. USUAL during most	OCCUPATION (Kind of wor t of working life, even if r lerk	k done 112b	
hours after death tem 18. Give Pag Office along with and 2 with the Staffer death.		USUAL RESIDENCE (Where deceose	ed lived, if institut	ion; Residence before	3c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUME	BER	
urs at 18. 18. 12. 12. 12. 19.		nising 1944d				rk YES NO [X			
4 6 8 8 8	14. F	ATHER'S NAME First George	Middle A Nelso	Lost	15. MOTHER	S MAIDEN NAME Fir	st Mide II Smith	dle	Lost
thin po hair		VAS DECEASED EVER IN U.S. ARMED F es, no, or unknown) (If yes give v	ORCES? var or dates af service)	16b. SOCIAL SECURITY NO		t L Pritch	ett Herr	n d on	Va
d be executed rd "pending" in Chief Medical Ftransit permit.		1B. CAUSE OF DEATH (Enter onlead of PART I. DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	BY: TE CAUSE (o) DUE TO, OR . (b)	e for (o), (b), ond (c).) Gunshot Wor AS A CONSEQUENCE OF AS A CONSEQUENCE OF	und of Hea	d			APPROXIMATE INTERVAL BETWEEN OMSET AND OEATH
ficate ing the ded to as a b I, and		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH BUT NOT I	RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)		
	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR WE WAS PERFORMED?					20. AUTOPSY? YESXX NO
	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF I HOUR A.N PM P.N		4-1	RY OCCURRED (Enter no known	oture of injury in Port 1 or	Port 2, Item	18.)
SXAMINER: Je the certified of the standard of	ME	21d. INJURY OCCURRED 21e. P		t home, form, street.	21f. LOCATION	Street or R.F.D. No.	City or Town S Found off n	tate forth s	Retry 408 Stote side of
no DEPUTY DICAL EXAMINER: necessary, please execute the cert the funeral director. Page 4 shault 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shau Health prior to burial, cremation		220. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Notural cous		, Suicide		Undetermined r	22b. DATE SIGI	ond in my opinion NED 8/69
10 10 16 16			DATE n 13, 19	69 Mt Oli	emetery or cremato vet Cemete	ry	3d. LOCATION (City or Tow Washing	ton D	
VR A15ME (5)	24.	FUNERAL DIRECTOR F. Gasch's	ons H	yattsville		2So. REC'D BY	REGISTRAR 2Sb. REG	SISTRAR'S SIGN	NATURE SEE

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1.		200-0		ND STATE DEPARTMENT OF 5, 301 W. PRESTON STREET, BAI		
P	-	2 1	2000	CERTIFICATE OF DEATH		12008
eath.		CEASED-NAME First ype or print)		last P ike	2a. DATE OF DEATH Month Aug 14	Yeor 1968 2:45 M
after de	3. SE		4. RACE white	s. DATE OF BIRTH Aug 10,	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
haurs in by t irs. Pa	70. I	SIRTHPLACE (Stote or foreign try) Arkansas	7b. CITIZEN OF WHAT COUNTRY? U.S. A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George	¹s Md.
be executed within 24 haurs after death and campletely filled in by the Tuneval in any event, within 72 hours after death		ITY OR TOWN OF DEATH yattsville		INSTITUTION (If not in basnital 120 US	SUAL OCCUPATION (Kind of work done most of working life, even if tetired.)	12b. KIND OF BUSINESS OR INDUSTRY Printing Office
campletel campletel avec carbon y event, v	13a.		ised lived, if institution: Residence befor	e 13c. CITY OR TOWN 13d. INSIDE CIT		
and ca remay in any (14.	ATHER'S NAME First Alonz	Middle Last	15. MOTHER'S MAIDEN NAME		Lost
strian please	160	WAS DECEASED EVER IN U.S. AR es, no, or yoknown) lif yes give	MED FORCES? 16b. SOCIAL SECURIT 219 48 3		Address nes Hyattsvi	lle, Md.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Paginector, page 4 shauld be filled with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hours shauld be filled with the State Dept.	CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 19b.	DUE TO, OR AS A CONSEQUENCE (a) (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH BUT CONDITION FOR WHICH OPERATION WAS	OF A Contained NOT RELATED TO THE TERMINAL DISEASE OF PERBORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be defached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creas	MEDICAL CE	While Not while at work 22a. I certify that (I) (the saw the deceased causes stated above 22b. SIGNATURE	ATH HOUR A.M. Month Day Ye P.M. e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. his hospital) ottended the decer	or 19 FACTORY.) 21f. LOCATION Street or R.F.D. posed from	ppinion death occurred on the d	County Stote
TO HOSPITA Page 4 may TO FUNERAL director, pc		REMOVAL (Specify) 1 Au	DATE 23c. NAME (23c. N	OF CEMETERY OR CREMATORY r Hill Cemetery	23d. LOCATION (City or Town) Suitland Pro	
VR A15 (4) 30M REV. 1/49	24.	FUNERAL DIRECTOR	Gasch's Sons	yatteville, Md DATE A	UG 1 6 1968 REGISTRAR	s signature mes Judge

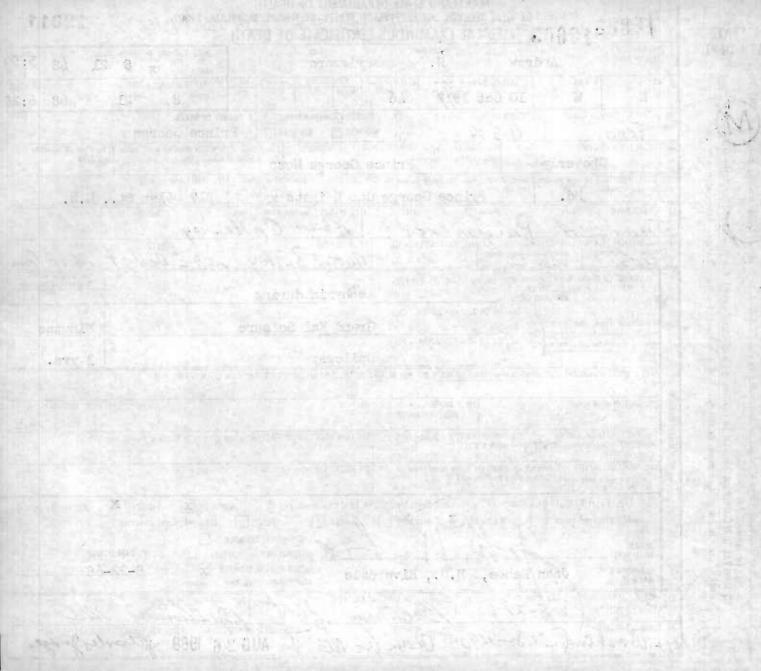
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200 37150 J-10 J-10 T Asi: 2 Fook P. Oc Shuara Celenial Devolution y and y a bimbofi naprive treverty Erince Gen. Sen. anno. long Francis NE. I. son les was no US lines. I we taken a second to the second to the Ve - AL Sentin initiated Larence across soull The mases. Wilmit Bioleana, day any SEP F 1968 - Contact Language

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12010 DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR death. after death and (Type ar print) Manth 1968 Blanch Pletcher Aug 6:05PM 4 RACE S. DATE OF BIRTH 3. SEX IF UNDER 1 YEAR 6. AGE (In years HOURS 11 Sep 1879 Female Caucasian 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Missouri U.S.A. PRINCE GEORGE'S WIDOWEDX DIVORCED [remove carban para 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital and in any event, within 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR within Malcolm Grow USAF Hosp during most of Andrews AFB 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MO 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO F Pacific Union St. 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Lost Lost CLOSE NELLIE HENRY C: 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 28 Westover Avedjess Bolling requires that the death certificat Yes, no or unknawn) (If yes give war or dates of service) burial, crematian, ar remaval, MRS K. E. PLETCHER AFB D.C. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Aspiration DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) (b) Arteriosclerotic cerebrovascular disease rise to immediate couse (a), DUE TO, OR AS A CONSPOUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the priar ta Intertrochanteric fracture incurred July 17, 1968 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? 18 July 68 Hip fracture YES -NO | directar, page 3 should be detached far use shauld be filed with the State Dept. of Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot wark 220. I certify that (1) (this haspital) attended the deceased fram July 7, 1968, ta Aug 1, 1968, that (1) (we) last saw the deceased olive on Aug 1, 1968, and that in (my) (aur) apinion death occurred on the date and haur and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b, SIGNATURI 22c. DATE SIGNED DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) ALAN HERRINGTON MAJ USAF MC MALCOMM GROW ANDREWS AFB USAFH 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE (Stote) (Caunty) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1.168 (DATE AUG 8

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1.	DIVI	MAI SION OF VITAL REC		E DEPARTMENT PRESTON STREET,		MARYLAND 212	01/3/68 kl	120	1 j.
1.	DECEASED-NAME (Type or Print)	MEDICA	Middle	R'S CERTIFICA	st	20. DATE	(NOWN Month	Doy Year	2b_Hous
3.	SEX 4. RACE	S. DATE OF BIRTH	H.	6		DEATH	RONOUNCED DEAD		P M 2d. HOUR 6:25
70	BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WHAT		8. MARRIED NEVE	R MARRIED	9. COUNTY OF DE	0 100	- Yeor 1968	pin Md
4	Chever	ly give stre	eet oddress) Pr	NSTITUTION (If not in ho ince Georg	e Hosp	SUAL OCCUPATION (mast of warking li	Kind of work dane te, even if refired.)	12b. KIND OF BUS INDUSTRY	
	i. USUAL RESIDENCE (Where diadmission) STATE Md. FATHER'S NAME First	13b. COUNTY Pr	on: Residence befor ince Geor Lost	ge Cap Hei	S MAIDEN NAME	0□ 817		N.E.	
-	TAMES HAME THE STATE OF THE STA	Paig	m d M.C. 6b. SOCIAL SECURITY	Ros	SA Cp	First 1/ow A	Middle ADDRESS	Losi	
		s give war or dates of service)		Mattic	(3)	1 159	E. Bell 3	APPROXIMATE	INTERVAL
	PART I. DEATH WAS CO	AUSED BY: MEDIATE CAUSE (a)	S A CONSEQUENCE O	Asphyxi	a during			BETWEEN ONSET	AND DEATH
	Canditians, if any, which go rise to immediate cause (stating the underlying cou	(b)	S A CONSEQUENCE O	Grand Ma	al Seizu	re		Minute	es
	PART 2. OTHER SIGNIFICANT ((c)	G TO DEATH BUT NO	Epileps:		ONDITION GIVEN IN	PART 1(o)	3 yrs.	
CERTIFICATION	19a. DATE OF OPERATION	יו	9b. CONDITION FOR WAS PERFORMED					20. AUTOPSY	
MEDICAL CERTII	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTI CAUSE OF DEATH		JURY Manth, Day, Ye	21c. HOW INJU	RY OCCURRED (Ent	er nature af injury	in Part 1 or Part 2,	Item 18.)	NO 🏋
MED		21e. PLACE OF INJURY (At foctory, affice building,	home, form, street, etc.)	21f. LOCATION S	Street ar R.F.D. No.	City o	r Tawn	County	State
	220. I certify the deoth resulted fram	t I took charge of the n: Natural cause			Autopsy,, Hamicide	Inspection [2	C, Inquiry [ermined manner		y opinian
	ACTUAL SIGNATURE	John	7/90	I Alo.	ASSISTANT MEDICAL E	CAL EXAMINER		E SIGNED	
22	EXAMINER'S NAME (Type)	Ohn/Kehoe,		verdale	ADDRESS(Street,	city, town, or count	у)	(2-68	total
23	REMOVAL (Specify)	8-27-68	Sac NAME OF	tim ace	last	23d. LOGATION DATE BY REGISTRAR	25b. REGISTRAR	mo	tote)
t	5. Washing	wt S-49	15 Dea	ic bre NE	BATE AL		68 gcl	arles Jus	yes.

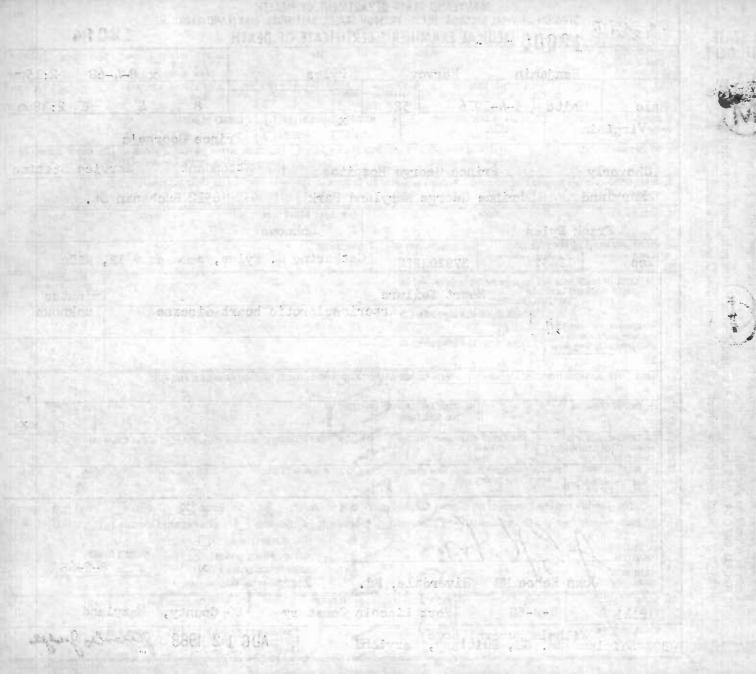


2 1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2012
HEALTH DEPT.		Year 2b. HOUR
	(Type or Print)	d 100 - 1 0 - m l
oy i 3 th	John Eugene Proctor DEATH MATED \$8-13-6 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lit UNDER 24 Hrs. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN Month DAYS MIN M	9:42am
2, and 3 to PM3. Page	Male Negro 2-17-1938 30 YRS. MONTHS DAYS HOURS MIN Month Day 13	681910:45am
2, 2, P. P.	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	OO TO: H Janin
- E &	Washington, D.C. USA WIDOWED DIVORCED Prince George's	м
Stat	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b.	KIND OF BUSINESS OR
ofter deoth 8. Give Poges 1, olong with form with the State Deeath.	Cheverly Give street oddress) Prince George General Hosp during most of working life, even if retired.) INDU	USTRY
s ofter 18. Givil 18. Givil 18. Givil 19. With death.	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18 o o o o o o o o o o o o o o o o o o o	odnission Tare George's Oxon Hill YES 2 NO 6528 Bock Road	
24 haurs ofter deoth in Item 18. Give Poges 1, r's Office olong with form as I ond 2 with the State De rs ofter death.	14. FATHER'S NAME First Middle Roger F Proctor 15. MOTHER'S MAIDEN NAME First Middle Roger A.	Proctor
hin page place	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mary A. Proctor 6528 Bock	Road
- cu u -	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
nould be executed v word "pending" in the Chief Medicol Ex triol-tronsit permit. Fil any event within 7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound of chest	BETWEEN ONSET AND DEATH
e execut pending" ef Medicc isit permi	955 X DUE TO, OR AS A CONSEQUENCE OF	
be 'pe 'ief ief insit	Canditians, if any, which gave	
ord ord e Ch l-tro Iny	rise to immediate cause (a), (D) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	July Barriella
5 2 7 12 6	last. (c)	
This certificate she icote, writing the v be forwarded to the label used as a buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffico iffing ordec d as al, a	8 9 76 X	
certificorword	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Manth. Day. Year 22c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 1)	20. AUTOPSY?
This icote, be fo be for ren	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 1)	YES NO Z
NER: TI certifice hould be iles. should I		
INEF e ce shou files 3 sho notio		ounty State
the 4	while Not while to foctory office building, etc.) I Road (driveway) Oxon Hill, Prince George C	o. Md.
bical Examiner: This se execute the certificate, ctor. Poge 4 should be found for your files. ECTOR: Poge 3 should be to buriol, cremotion, or rer	220. I certify that I taak charge of the remains described obove, held on Autopsy , Inspection , Inquiry ,	
CAL exe or. F d fo TOP	deoth resulted fram: Natural Causes , Accident , Suicide , Homicide , Undetermined manner	ond in my opinion
please I directo retained DIREC	CHIEF MEDICAL EXAMINER	
ple di di	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	IED
ory, be ERA	EXAMINER'S T DEPUTY MEDICAL EXAMINER \(\overline{\text{S}}\)	4-68
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) ohry Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
10 10 10 He	DEMOVAL (Consider)	unty) (Stote)
The state of the s	Buria Teetry 8/17/687 St. Ignatius Catholic Church Oxon I	Hill, Md.
VR A15ME (5)	24. FUNERAL DIRECTOR John T. Stewart ADDRESS Stewart Funeral Home-4001 Benning Rd.N. Fair AUG 19 1968 REGISTRAR 1968	Judge
10M REV. 1/68	Stewart funeral home-4001 Benning Rd. N. M. NO 10	

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HEALTH DEPT.		ECEASED-NAME Type or Print)	First	Middle		Last		2a. DATE KNOWN	Month	Day	Year	2b. HOUR		
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eloy d 3 Pc	3. 5	EX 4. RACE	S. DATE OF BIR	TH 6. AG	E (In years birthday)		F UNDER 24 HRS.	2c. DATE PRONOUNCED		V		2d. HOUR		
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hours Item 18 Office of 1 ond 2 v		ATHER'S NAME First	Middle		рула	IS MOTHER'S MAIDEN			ldle	DU.	Lost			
thours Office Tond 2 offer	14. 1	Frank P		CUSI		Unkno		MIC	late		LOST			
hin 24 ncil in niner's poges hours	160	WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURITY N	0 1	7. INFORMANT	OWII	ADDRES	c					
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d with per Exam Exam File n 72		18. CAUSE OF DEATH (Enter									ROXIMATE II			
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Transver	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 /25/68kk 1 2	016 97257
FOR STATE		V Jai nous
HEALTH/DEPT	(Type or Print) OF ESTI-	Yeor 2b. HOUR
Page 3 to is	George E Reid III DEATH MATED 8-5-68 3. SEX 4. RACE S. DATE-OF BIRTH. 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	194:55amM
- T	lost birthdoy) MDNTHS DAYS HOURS MIN. Month Doy Yes	or 8194:55am M
Jny de l'2, and m. PM3	Male White 4/20/1948/ 1920 YRS. 8 5 6. 70. BIRTHPLACE (Stote or foreign 7b. CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	819/4:515am M
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State State	10 CITY OF TOWN OF PEATU II NAME OF HOSPITAL OF INSTITUTION (If not in hospital 120 IISIA) OCCIDENTON (Vind of work done 12) KIN	ND OF BUSINESS OR
6 al ≥ / ⊃	Riverdale Leland Memorial Hospital during most of the graphie, even if retired.	aurant '
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
0/ex 2-80	odministry Land Prince George's College Park YES NO 5013 Cherokee St.	reet
haurs Item 1 Office 1 and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	George E. Reid Jr Elizabeth Long	
within 24 pencil in caminer's le pages 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
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ould be executed invord "pending" in the Chief Medical E. al-transit permit. Fi any event within	1 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	ETWEEN DISET AND DEATH
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bical Examiner: please execute the cert director. Page 4 should retained for your files. DIRECTOR: Page 3 should ar to burial, cremation		
AL Execent. Prof. For Formal		and in my apinian
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pled dir.	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	
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TO DEPUTY DICAL EXAMIN necessary, please execute the the funeral director. Page 4 sls 5 may be retained far your fit TO FUNERAL DIRECTOR: Page 3 Health priar ta burial, crema	EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
o the He	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, or Town) (County	y) (Stote)
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	24. FUNERAL DIRECTOR Gasch's Sons Hyattaville, Md. 250. RECD BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 250. REGIS	
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191	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
N	12010 CERTIFICATE OF DEATH 12818
1.	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR Riley Aug. 29. 1968 8:31PM
3.	SEX male 4. RACE white S. DATE OF BIRTH Sept. 9 1912 6. AGE (In years lift under 1 year in under 24 Hrs. lost birthday) Months OAYS HOURS MIN. 55 YRS.
70	BIRTHPLACE (Stote or foreign USA 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COUNT
10	DOA Prince Geo. Gen'l Hospital U.S. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Prince Geo. Gen'l Hospital U.S. Wernment 12b. KIND OF BUSINESS OR INDUSTRY D. G. O.
6 00	u. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission) STATE 13b. COUNTY Maryland Prince George's College Park 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 85 Edmonston Rd.
14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Clerine Belle Isle
10	10. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no pryunknawn) (If yes give war or dates at service) 217-30-0733 Mrc. D. L. Riley 85000 Edmanton Que.
30.04435	IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF
Carlow	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CENTRACATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH?
247	CAUSE OF CEATE HOUR A.M. Manth Day Year
MEN	21d. INJURY OCCURRED While Not while at work at work at work
	22a. I certify that (I) this testifal attended the deceosed from 1966, to 276, 1966, that (I) (2005) last saw the deceased alive on 1966, and that in (my) (2007) opinion death accurred on the date and hour and from the causes stated above, (I) (2007) (did) (
	22K SIGNATURE ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED PHYS. 22c. DATE SIGNED PHYS. 22c. DATE SIGNED
	22d. PHYSICIAN'S MAME (Type) FT. J. Brenner Chery Chase ma
	a. BURIAL, CREMATION, PROPERTY OF CREMETERY OR CREMATORY 23d. LOCATION (City or Town). (County) (State) PERIOVAL (Specify). 9/3/68 2art Lincoln Washington D.C.
2	FENERAL DIRECTOR Juneral Home Barnesville DARFP 4 1968 Icharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12020 CERTIFICATE OF DEATH deoth. unerol puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY PORGE MARYLAND b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) INFRDAIR NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? papers YES | NO X event, within executed within DATE NAME OF Middle corban Lost Month Doy Year DECEASED OF DEATH (Type or print) 7. MARRIED SEX IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years NEVER MARRIED birthday) last Months Dovs Hours WIDOWED DIVORCED pup 10a, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? ond MERCHANT WASHINGTON WUD 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, ASS ER MAN WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) permit. NO cremation, INTERVAL BETWEEN ONSET AND DEATH signed by the c burial-tronsit p buriol, cremation 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse d far use as the af Health prior to hos been last. 11 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY ATTENDING PHYSICIAN: The PERFORMED? NO DO O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work 21. I certify that (1) (this hospital) attended the deceased fram www. director, page 3 should should be filed with the 1968 and that death accurred at 6,20 M, fram causes and an the date stated above. saw the deceased alive an 22d SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) VE. COTTAGE CITY 298 298 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) . C , ICHEV SHOLOM-TALMUD TORAH CEM. WASHINGTON -24. FUNERAL DIRECTOR

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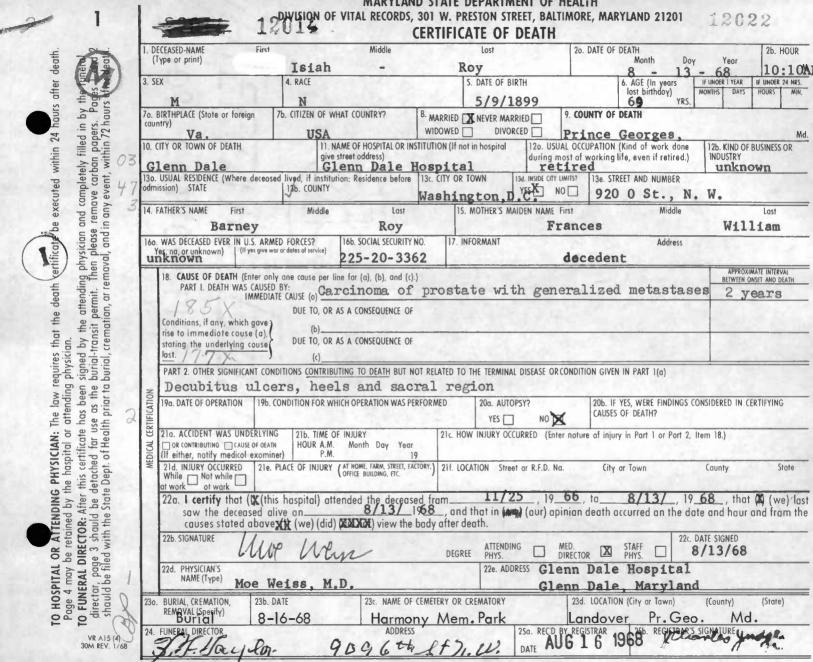
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1	MAKTLAND STATE DEPARTMENT OF HEALTH
-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12013 CERTIFICATE OF DEATH 12821
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	DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) 20. DATE OF DEATH 20. Month Dgy Yeor 2b. Hour
3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR I IF UNDER 24 HRS.
	SEX 4. RACE S. DATE OF BIRTH FEMALE 4. RACE 6. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. OF BIRTH 10 13 1895 OST birthday) MONTHS DAYS HOURS MIN YES.
	BIRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
(0	NEW JERSEY USA WIDOWED DIVORCED TRINCE GEORGES Md.
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12	O. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR OWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	mission) STATE Number Seese 13b. COUNTY - ATLANTIC GT YES NO 15-7 5. NEW YORK AVE
14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	I SIDORE LEVY MARTHA BLOOMSBERG
16	10. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECORITY NO. 17. INFORMANT 7447 Address 570 NC LANC
-	165, no, or unknown) (11 yes give wat or carried) 145-209901 FSWARD ROSS FORESTUILLE MARYLAND
	PART I. DEATH WAS CAUSED BY:
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	Canditions, if any, which gave)
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F	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
TION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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N	While Not while (OFFICE BUILDING, ETC.
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	saw the deceased glive an 1960, and that in (my) (aur) apinion death occurred on the date and hour and from the
	couses stoted obove, (I) (we)-(did) (did-not) view the body ofter deoth. 22b. SIGNATURE () 22c. DATE SIGNED () 22c. DATE SIGNED
ı	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
	22d. PHYSICIAN'S NAME (Type) TOHN F KHAY 22e. ADDRESS LIFE AND MA
23	DEMOVAL (Specify) 8-20-68 / THE NEBO CEMAIG FINAL SPECIFIC STORY (County) (Story)
24	ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE
6	Wellers Tuneral Home 4217 9th start N Washoc E. 74. 237

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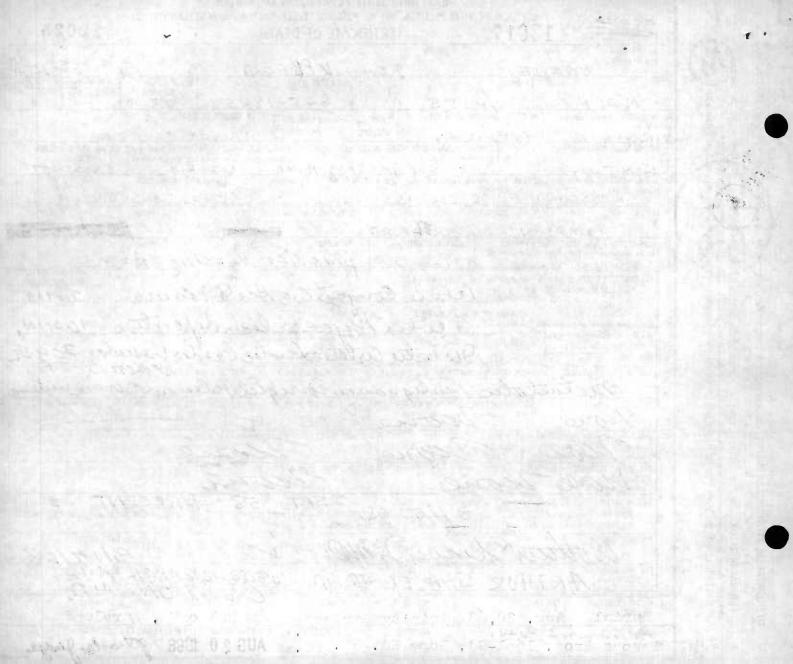


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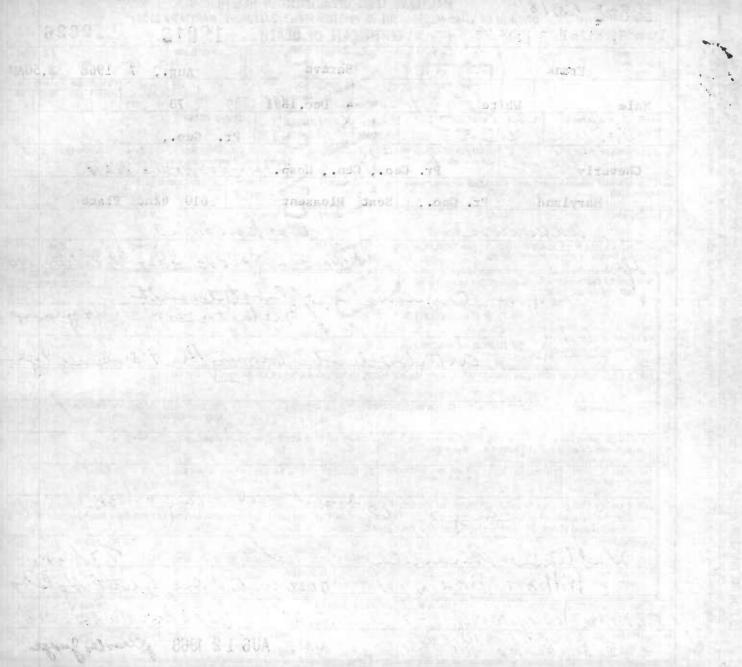
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1	CERTIFICATION	19a. DATE OF OPERATIO			IICH OPERATION WAS I		20a. AUTOPSY?	NO 🗌	CAUSES OF D	EATH? No	CONSIDERED IN C	ERTIFYING
	MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING (If either, notify med 21d. INJURY OCCURR While Nat while at work ot work	cause of deat ical examin ED 21e.	H HOUR A.M. P.M. PLACE OF INJURY	Month Day Yea (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	19 21f. LOC		R.F.D. Na.	City or Tov	wn	County	Stote
		22a. I certify the saw the de causes state	at () (th ceased a ed abave	is haspital) atta live an 21 e, 🗱 (we) (stis)	ended the decea Aug (did nat) view th	sed fram	thot in (my) (o eoth.	, 19 <u>68</u> , our) opinion o	ta_21_/ death occurr	Aug_, 1 red on the c	9 <u>68</u> , tho date ond hour	t (米 (we) last ond from the
should be filed with the State Dept. of Health prior to		22d. PHYSICIAN'S	ler	9-20/0	Mo	DEGRE	22e. ADDRESS	MED. DIRECTOR			LI Aug	
S PIOOIS	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b.			F CEMETERY OR (REMATORY		LOCATION (Cit	y or Town)	(County)	(Stote)
5 (4)	24.	FUNERAL DIRECTOR	. 7/	ming	ADDRE	SS	VA. 250.	REC'D BY REGIS		1	S SIGNATURE	usge.

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7	THE REAL PROPERTY.	= 1201		RECORDS, 301 V	V. PRESTON STREET, B		ARYLAND 212	01	
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€ 46	DECEASED-NAM (Type ar print)		N	Niddle	Last	2a. DATE	OF DEATH Manth	Day Year	2b. HOUR
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low requires that the death certificate be executed within nding physician. been signed by the ottending physician and completely fills the burial-transit permit. Then please remove carbon point bourial, cremation, or removal, and in any event, within ior to burial, cremation, or removal,	16a. WAS DECEAS Yes, na, or unk	ED EVER IN U.S. ARA	MED FORCES? Par or dates of service)	AL SECURITY NO.	17. INFORMANT MINNIE L	SHREV	E SEA	TELEASA	or Md
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Pro S ce	190. DATE O	FOPERATION 19b.	CONDITION FOR WHICH OPERA	TION WAS PERFORME			. IF YES, WERE FIND ISES OF DEATH?	INGS CONSIDERED IN CE	RTIFYING
JAN: The tal or att ficate ho for use for use	₹ □ OR CONTRI	ENT WAS UNDERLYING CAUSE OF DEAT	HOUR A.M. Month	Day Yeor	1c. HOW INJURY OCCURRED	Enter noture of i	njury in Part 1 or F	Part 2, Item 18.)	
O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detoched for us should be filed with the State Dept. of Healt	21d. INJUR While	otify medical examination of the control of the con	PLACE OF INJURY (AT HOME, F. OFFICE BUIL	ARM, STREET, FACTORY,) DING, ETC.	1f. LOCATION Street or R.F.C). No. (City ar Town	County	Stote
by the the the the de de de Stote	22a. I ce	rtify that (1) (th	is hospital) attended th	ne deceased fro	august	19 64 to	any 7	, 19 6 P , that	(I) (we) last
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R ATT	22b. SIGNAT	URE DP -	B	~	DEGREE PHYS	MED.	STAFF	22c. DATE SIGNED	1-
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ro Hospital Poge 4 moy O Funeral i director, pog should be fil	NAME	,,,,,,		NAME OF CEMETE	COST C	1 22d 1000	ATION (City or Town	(County)	(State)
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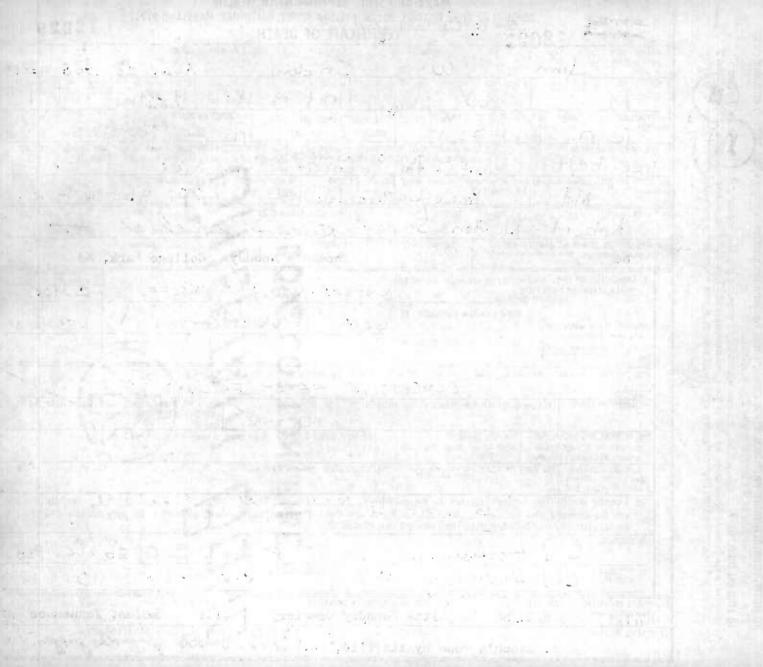
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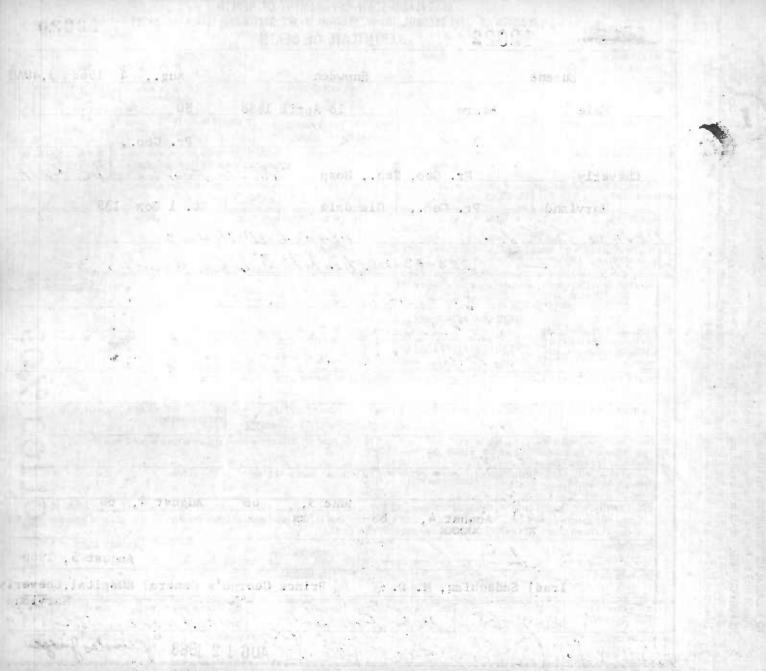
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		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	029
		12021 CERTIFICATE OF DEATH	0 6 3
	1. DE	DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) \ \ \ Month Doy Year	2b. HOUR
		John W. Snaddy 106. 28 196	
	3. SE		
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	7o.·E	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.	
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7	1	Give street oddiess) greenhelt Converted during most of working life, eyen, if retired.) INDUSTRY	OF BUSINESS OR
6	13o. adm	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISSIDE CITY LIMITS? 13e. STREET AND NUMBER	D
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1	19. 1	FATHER'S NAME First Middle Lost / Is. MOTHER'S MAIDEN NAME First Cobert Newton Snoddy Susan shields +	Lost
	16a.	g. WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO 117 INFORMANT Address	
	Y	Yes, no, Noknown) (If yes give wor or dates of service) Thomas N Snoddy College Park, Md	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	OXIMATE INTERVAL N ONSET AND DEATH
			MOS.
		4.379 DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave nise to immediate cause (a). (b) (b) (c) (b) (c) (b)	IKNOWN
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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	CERTI	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)	
	MEDICAL		State
		While Not while of work of work	0.0.0
		22a. I certify that (I) (this haspital) attended the deceased from 10 11, 1951, to 3 26, 1968, the saw the deceased glive an 20 AUGUST 1968, and that in (my) (aur) apinian death accurred an the date and have	at (I) (we) la
		saw the deceased alive an 20 AUGUST 1968, and that in (my) (aur) apinian death accurred an the date and have	ır and fram th
		causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED	
		DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIREC	: 1968
		201 ADDOLCC	1,00
		NAME (Type) C. J HOUMANN M.D. MERDALE MD	>
	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
		REMOVAL (Specify) Burial 8/30/68 Witts Foundry Cemetery Witt Hamblen, Tenn FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 2. 25b. REGISTRAR 3. 25b. REGISTRAR 3. SIGNATURE	essee
	24.	F. Gasch's Sons Hyattsville, Md. DATE AUG 29 1968 25b. REGISTRAR'S SIGNATURE	age.
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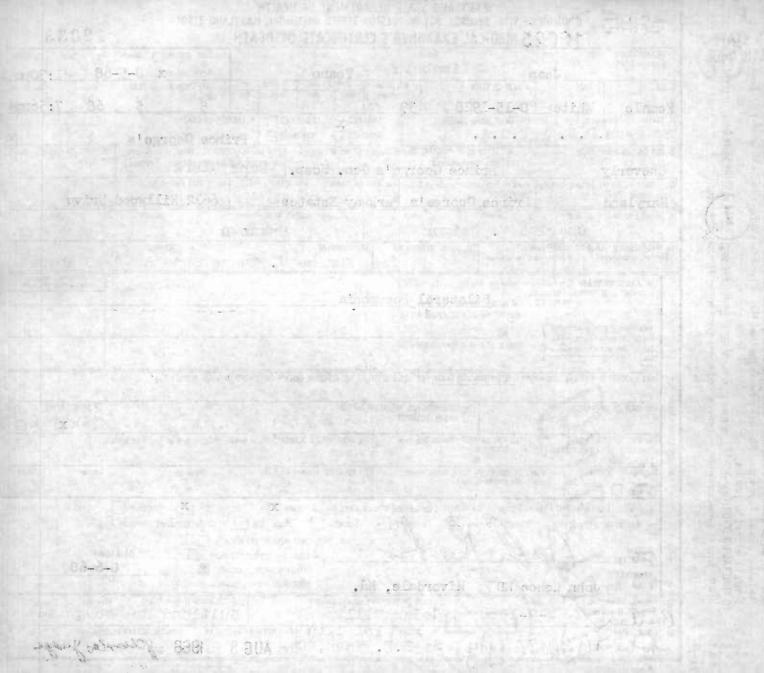


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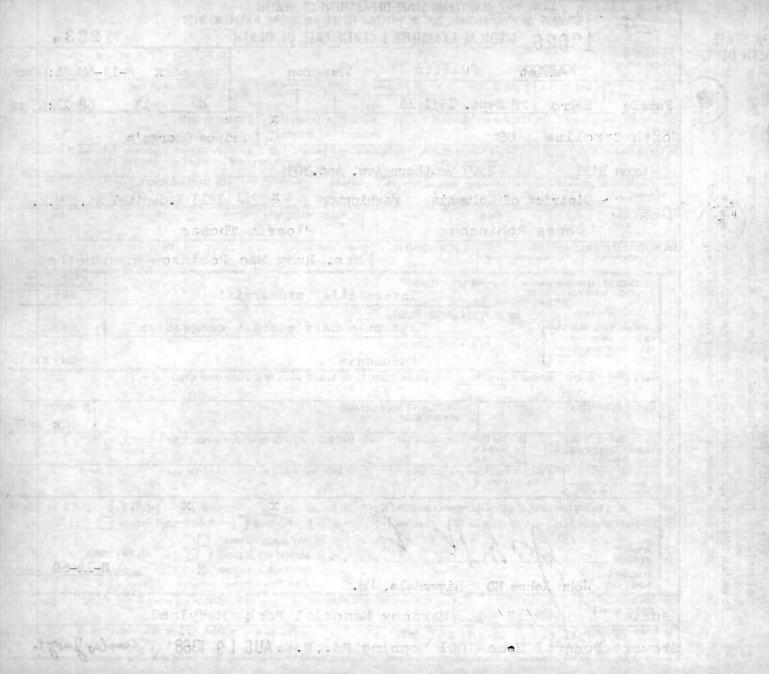
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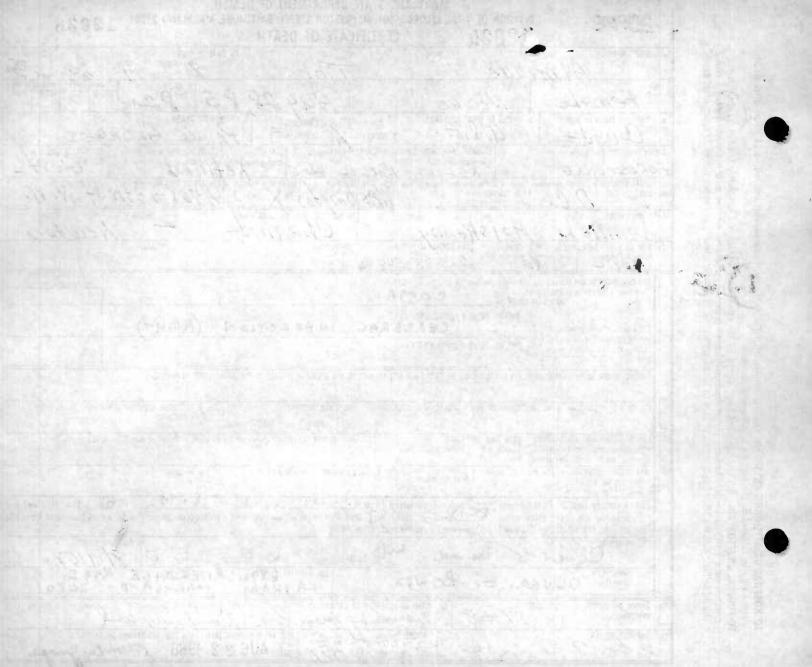
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13 o o o o							ington	YES X N		1813 1			St., N	Е.
in Item 18	14. F	ATHER'S NAME	First	Middle	Lost		15. MOTHER'S MA		First		Middl	le	Los	it
ncil in niner's poges hours	160	WAS DECEASED EVE	R IN U.S. ARMED FO	Robin	16b. SOCIAL SECURITY	NO.	17. INFORMANT	lossi	e Tr	iomas	ADDRESS	7.5		
		es, na, ar unknowr		r or dates of service)	100. SOCIAL SECURIT	NO.	Mrs. R	uby M	lae F	Robin			ndmoth	er
should be executed with word "pending" in perticular the Chief Medical Exanurial-transit permit. File in ony event within 72		18. CAUSE OF I	DEATH (Enter only	one couse per lii	ne for (o), (b), and (c	.).)							APPROXIMAT BETWEEN ONSE	
be executed "pending" ir ief Medical nsit permit. event within		PART I. DE	ATH WAS CAUSED I	BY: CAUSE (a)	Ir	iters	stitial	myoca	rditi	LS			day	
exe end f Me it pe		C IVI If	N. S.	DUE TO, OR	AS A CONSEQUENCE C		. 7		- 0				3	
d be d ''p Chie rrans	MEDICAL CERTIFICATION	Canditians, if an	ate cause (a), ((b)			lmonary	edema	a & C	conge	Stion	(i).	day	5
should be executed ne word "pending" in the Chief Medical burial-transit permit.		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF Pneumonia									day	days		
		PART 2. OTHER SI	(c) FIED MORE AND THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
ing dec		431				17			5.5		(-)			
		190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20. AUTOPS	Y?		
be be	RTIF	A) EVTERNAL C	HICE MAC	lan run or			23 4044 104424	Scrippen (F		4			YES X	NO 🗌
# p = 1	AL CE	21a. EXTERNAL CA PRIMARY (OR	CONTRIBUTING	HOUR A.M			21c. HOW INJURY (OCCURRED (En	iter nature	of injury in	Part 1 or 1	Part 2, Ite	m IB.)	
INE PROPERTY SHOULD SHO	MEDIC	CAUSE OF DEATH 21d. INJURY OCCU	JRRED 21e. PL	P.A ACE OF INJURY (A	A. 19 At home, farm, street,		21f. LOCATION Stree	et ar R.F.D. Na.		City or T	own	A	County	State
EXAMINER: cute the certiage 4 should r your files. Page 3 shou		WHILE NOT		ory, affice building		455								
		22a. I certify that I taak charge of the remains described above, held an Autopsy 🗷, Inspection 🗷, Inquiry 🗍, and in my apinior												
JICAL E		death resulted fram: Natural cooses 🗷, /Accident/ , Suicide , Hamicide , Undetermined manner												
leose directoine birectoine		ACTUAL CHIEF MEDICAL EXAMINER CHIEF												
TY, ple erol di se retto RAL Di prior		SIGNATURE	- 11	Th	100	-	ITI.D.	SSISTANT MED			22	2b. DATE S	1GNED 8-14-68	
O DEPUTY JICA necessory, please es the funeral director. 5 may be retained o FUNERAL DIRECTOR Health prior to burner		EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, or county)												
TO DEPUT necessory the funer 5 may be TO FUNERA Health p	230	BURIAL CREMATI	ON 1 23b. D		23c. NAME O	F CEMETER	Y OR CREMATORY			OCATION (Ci)	(Caunty) (State)
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VR A15ME [5]	St	ewart !	Funeral	Home-	4001 Ber	min	g Rd., N	. BATE AL	16 1	9 1961	D 1	May	Les Just	7-



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- Auren	- 1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10000
				12029 CERTIFICATE OF DEATH	12038
÷.	d 2 hit			ECEASED-NAME First Middle Last 2a. DATE OF DEATH Type ar print) / Manth	Day Year 2b. HOUR
dec	unerol 1 ond 2 er death.			HIMQUAE LIBBS 8. 1	7 68 2 5 M
after	offee offe		3. SE	Female 1. RACE NEGRO S. DATE OF BIRTH 28, 85 (ast principle)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ours	a sing			BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED 1 19. COUNTY OF DEATH	0.
24 h	A See H			CANACA UISITO WIDOWED DIVORCED - PRINCE GE	ORBES Md.
F.	ompletely filled ve corbon pap event, within 7	90		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during mass of warking life, even if retired to the control of	ne 12b. KIND OF BUSINESS OR INDUSTRY
wit	orbo	117		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR JOWN / 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	0-017_
icate be executed within 24 hours after death	E e S	41	admi	issian) STATE D.C. 13b. COUNTY WAS DINY TO STATE NO 4708-13	th of N. W.
exe	ond come e remove in any ev)	14. F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
e pe	sician o pleose I, and ir	11.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	Newton
	rysic rysic rol, a		y y	(es, po ecunkgown) (If yes give way of gales of service) 220-05-544/-	
9	Then		4	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
leot.	or T.	10 mg	- X	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) COMA	
the	e off per prion,			Canditians, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF CEREBRAL IN FARCTION (RIGHT)	
hat	onsii			Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
res t	ned the infinite infinite	99		last. (c)	
PHYSICIAN: The low requires that the deot	sign bur			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
low original	beer s the ior to		ATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
The	has se a	X	CERTIFICATION	YES NO CAUSES OF DEATH?	
AN	rate far u	Н		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part or Part 1	2, Item 1B.)
SICL	ertificentification		MEDICAL	(If either, natify medical examiner) P.M. 19	Caunty State
PH of	this etacl			While Nat while of work At work	caulty Sidle
NG F	fter be d Stote			22a, I certify that (I) (this haspital) attended the deceased from 3.74.	19.68 , that (I) (we) last
TEND	R. A wild the			saw the deceased alive an	date and haur and tram the
O A	sho with			ATTENDING TO MED TO STAFF TO	22c. DATE SIGNED
0 9	DIR DIR			DEGREE PHYS. DIRECTOR PHYS.	8/17/68 Road
PITA	TO FUNERAL DIRECTOR: After this certificate has been signed by the other director, page 3 should be detached for use as the burial-tronsit permit should be filed with the Stote Dept. of Health prior to burial, cremotion, or	0	Ę	22d. PHYSICIAN'S NAME (Type) OLIVER. B. BOND 22e. ADDRESS 6872 LIVERDALE LANHAM MARYLAN	
НОЅ	FUN FUN FUN Foulc	X	230	BURIAL PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City or Town)	(Spunty) (State)
59	5 g 2	13.	24	o company was form pourous,	AR'S SIGNATURE
	VR A15 (30M REV. 1	68	47.	11 11 0 0 11 . 9010-13 1- 17 110	Ciarles Judge.
			— (deliberate and good to	0 0



E a

form

in pencil in Item 18. Give Pages

This certificate should be executed within 24 hours after death

"pending"

necessary, please execute the certificate, writing the word DICAL EXAMINER:

TO DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12037

	160	PAREDIO	AL EXAM	IIMEK 2	CEKIIL	ICATE	UT D	CAIR					
1. DECEASED			Midd	le		Lost			20. DATE KNOWN	Month	Doy Y	Yeor	2b. HOUR
(Type or		leen			Thu	rsto	n		OF ESTI-	38-17	-68	195:	30am
3. SEX	4. RACE	5. DATE OF BI	RTH	6. AGE (In years		DER T YEAR	IF UNDER	24 HRS.	2c. DATE PRONOUN	CED DEAD	-1028		2d. HOUR
Femal	le White	7-21-3	1918	50 YI		DAYS	HOURS	MIN	Month	Pax	Y205	196:0	2am M
		76. CITIZEN OF WI		8. N	ARRIED &	NEVER MA	RRIED	9. COL	JNTY OF DEATH			1	
country)	Mass.	U.S.A.		W	DOWED 2	DIVO	RCED		rince Geo				Mo
Ch	TOWN OF DEATH	give P	AME OF HOSPITAL street oddress)	orge G	enera	1 Ho	durin	g most o	CCUPATION (Kind of if working life, even SE AIGE	if retired.)	12b. KIND INDUSTRY	OF BUSIN	NESS OR
	RESIDENCE (Where deceos				TY OR TOW	N 13	d. INSIDE CITY		13e. STREET AND NI				
Mary	n) STATE Vland	Brince C	eorge 's	Sui	tland		YES	NO 🗌	3962 Sui	tland	Road		
14. FATHER'S	NAME First	Middle	В	Lost	15. MO	THER'S MAI	DEN NAME	First		Middle		Lost	
	Henry Mulh	nern			190	Cath	erine	She She	ea				
	CEASED EVER IN U.S. ARMED F	ORCES?	16b. SOCIAL SECI	URITY NO.	17. INFOR	MANT			ADD	RESS		11.54	
	or unknown) (If yes give	wor or dates of service)	026-0	05-6046		Kath	leen	M. :	Thurston	7910	Knoll	Lwood	d Dr.
18. C	AUSE OF DEATH (Enter onl	y one couse per l BY: TE CAUSE (o)									8ETWE	PROXIMATE I	AND DEATH
4 Condi	12 1 tions, if any, which gove	DUE TO, OF	AS A CONSEQUE	NCE OF Ar	terio	scle	rotic	hea	rt diseas	se	unk	nown	1
rise to	o immediate couse (a),	(b)	R AS A CONSEQUE	NCE OF					-	741			
stotin last.	g the underlying couse	DOL 10, 01	C AS A CONSEQUE	INCE OI									
	OTHER COMMERCENT COME	(t)		UZ NOZ DELAZE	D TO THE 1	**************************************	1551.55.00						
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S 190 D	ATE OF OPERATION		19b. CONDITION	FOR WHICH O	PERATION						20. A	AUTOPSY?	>
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CAL CERTIFICATION DAY OF THE CALL CERTIFICATION DAY OF THE CALL CALL CALL CALL CALL CALL CALL CAL	XTERNAL CAUSE WAS ARY OR CONTRIBUTING	HOURA	INJURY Month, D .M. .M.	ογ, Yeor	21c. HOW	INJURY OC	CURRED (E	nter notu	ure of injury in Port	or Port 2, It			110 [85]
21d. IN		PLACE OF INJURY (tory, office building	At home, form, s		21f. LOCAT	ION Street	or R.F.D. No	0.	City or Town		County		Stote
	22o. I certify that I to	ook charge of t	he remoins de	escribed obo	ve. held	an Auto	nsv 🖳	In	spection x	Inquiry [7. one	d in my	y opinion
	eath resulted from:	Notural cou		ccident [],	Suicid		Homici		, Undetermine			,	у оримон
ACTU	IAL /	She 1	19,	Var	0		EF MEDICA			22b. DATE	CICNED		
SIGN	ATURE	run 1	111			111.0.			AMINER L	ZZU. DATE		-18-0	68
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	IE (Type) John Keh		Riverda				אסוור /רריי			7	16	te	
REMO	VAL (Specify) / Sh	ipped 8-	23-68 NA	ME OF CEMETE			lemet.		Location (city or large).		(County)		ote)
	AL DIRECTOR			ADDRESS		-11.4	2So. REC			REGISTRAR'S	-		
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Wil	helm Funera	L Home	4308	Suitla	nd Rd	. S.F	TUALE		2 1000	1	,00	1	

VR A15ME (5) 10M REV. 1/68

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Depart

Health prior to buriol, cremotion, or removol, and in any event within 72 hours ofter death.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with

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MARYLAND STATE DEPARTMENT OF HEALTH

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24 in er's	pages		160	WAS DECEASED EV			Van Pel		L SECURITY NO.	17. INFORMANT	Bessie	в ва	ssford	ADDRESS				
within pencil i	M. CV			es, na, ar unknow			or dates of service)	100. 30CIA	L SECURITI NO.		la M V	an Pe	lt Ch			Md.		
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cal EXAMINER: execute the cert ar. Page 4 shaul	yaur files. Page 3 shau cremation,	9		WHILE AT WORK A	T WHILE WORK	foctory Ame	y, office buildin rican	g, etc.). Legio:	n Hall				mar M			P.G.		Md.
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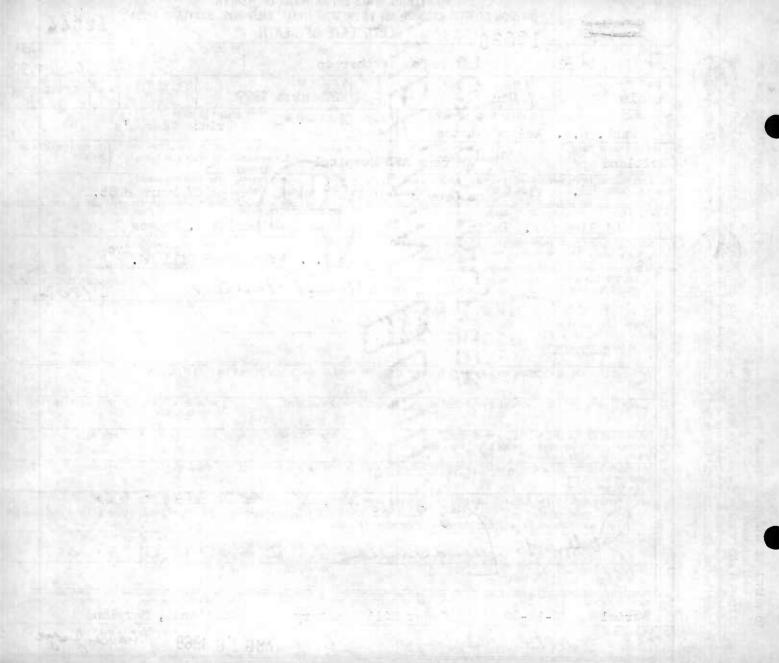
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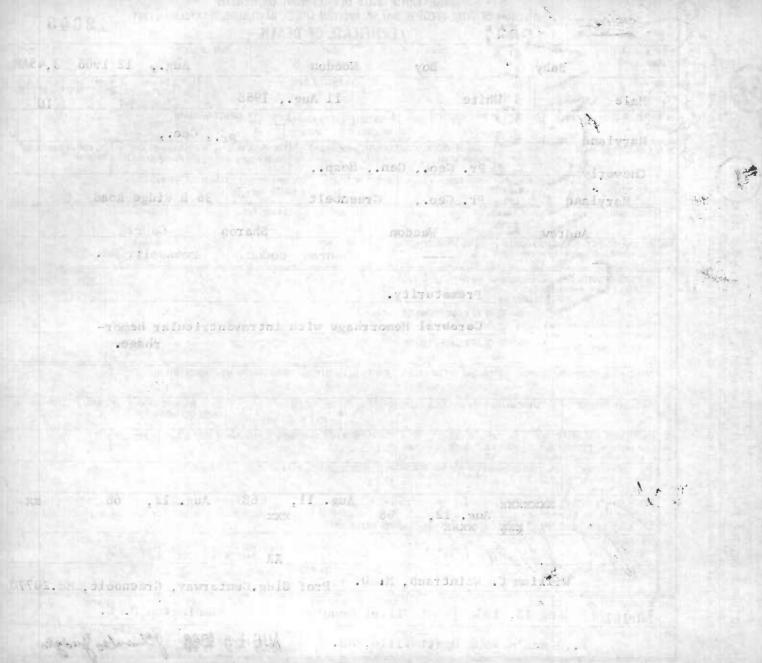
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DEPUTY SICAL EXAMINER: tessory, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremotion.		WHILE NOT AT W	WHILE TOCTO	ry, office building	g, etc.)		100								
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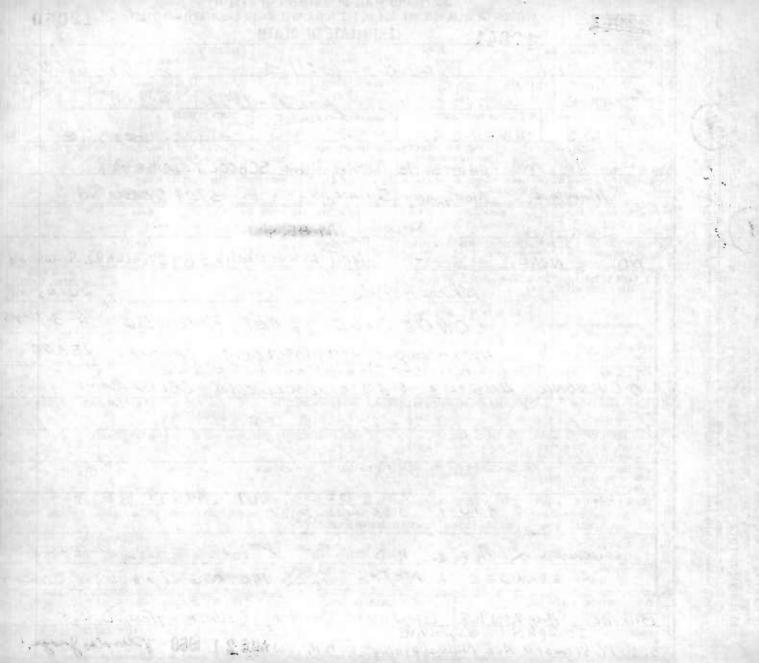
-	1	2039		CERTIFI	CATE OF DE	ATH			1204	7
	DECEASED-NAME (Type ar print)	First Baby	Middle Girl	"B"	Welch	2a.	DATE OF DEAT		7,1968	26. HOUR 8:15A
3. 9	Female	4. RACE	White		S. DATE OF BIRTH August	16, 196		AGE (In years st birthday) YRS.	MONTHS DAYS	HOURS MIN 12 19
70. co	BIRTHPLACE (Stote or foreign ntry) laryland	n 7b. CITIZE	US.A.	8. MARRIED WIDOWED	NEVER MARRIED DIVÓRCED	XX 9. co	rince	TH George'	s	Md
C	City or town of DEATH		11. NAME OF HOSPITAL give street address) Prince Ge	o.Gen'l	Hospital			d af work done even if retired.)	12b. KIND OI INDUSTRY	F BUSINESS OR
13o adn	. USUAL RESIDENCE (Where on ission) STATMaryla	nd 13b. CC	institution: Residence be UNPrince Ge	fore 113c. CITY C	R TOWN 13d. IF	NO NO	13e. STREET 4719	AND NUMBER Homer A	venue	
14.	FATHER'S NAME First				S. MOTHER'S MAIDEN			Middle		Last
160	Thomas a. WAS DECEASED EVER IN U.	Tede			INFORMANT	Aline H	ritton	Address		
	Yes, no, ar unknown) (If ye	as give war or dates of s	ervice)	MIT NO. 17.	Mother			Address		
CERTIFICATION	Conditions, if ony, which orise to immediate cause stating the underlying colost. PART 2. OTHER SIGNIFICAN	MMEDIATE CAUSE (DUE 1 gave (o), (ause) NT CONDITIONS (((b) Atel O, OR AS A CONSEQUENCE O, OR AS A CONSEQUENCE (c)	ectasis E OF RUT NOT RELATED	- bilater TO THE TERMINAL DISI			WERE FINDINGS		CERTIFYING
MEDICAL CERTI		OF DEATH HOU	TIME OF INJURY R A.M. Month Day P.M.		IOW INJURY OCCURRE		e af injury in	Part 1 ar Part 2,	Item 18.)	
MEI	While Not while at work	21e. PLACE OF I	NJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	EET, FACTORY.) 21f.	OCATION Street or		City ar To		Caunty	State
	22o. I certify that sow the deceas couses stated g) (this hospited of the left o	of the de de August 17, (did not) view	ceosed from P 196.8 a the body after	ugust 16 Id that in (my) (a death.		to_Augu deoth occur	rred on the d	ote ond hour	ond from the
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	1	lo Alvarado	DEC	REE ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTO	R STA	AFF XX A	date signed ug. 19,	
		23b. DATE 8/31/6	8 23c. NAM Priz	e of CEMETERY O	R CREMATORY ge's Gener	ral 23d.	LOCATION (CI	ity or Town) y, Mary	(County) Land	(State)
24.	FUNERAL MECTOR	4.5-1	ABMINIST:	ORESS		RECD BY REG	5 1968	25b. REGISTRAR'	s signature	

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		PLACE OF DEATH				2. USUAL RES	BIDENC	E (Where dec	eesed lived, If i b. COUN		esidenc	e before	e dmission
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		b. CITY OR TOWN (if outsid write RURAL end give no	e corporete limits erest town)		c. LENGTH OF STAY IN 1	b c. CITY OR TO	OWN (If	outside corpo	rete limits, write	RURAL and	give n	eerest tov	vn)
ı		Hyattsville			21 months	Hyat		lle		71			
П		d. NAME OF HOSPITAL OR	INSTITUTION (if	not in hospi	ital, give street address)	d. STREET AD	DRESS						A FARM?
ı		8910 Riggs				8910	Rig	gs Roa	d			YES	NO [
ı	3.	NAME OF Mother	Pia First		Middle	Last		4. DATE OF	Month		Dey	Yea	r
ı		(Type or print)	Margar			Wiesner		DEATH	8		26		68
I	5.	SEX 6. CO	LOR OR RACE	. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9.	AGE (In yeers last birthday)		YEAR	IF UNDER	R 24 HRS.
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H	10a	ne during most of working life	ve kind of work	10b. KIN	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(County	& Stete, or fo	oreign country)	12. CITIZ	ZEN OF	WHAT	COUNTRY
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	13.	FATHER'S NAME				14. MOTHER'S M	AIDEN N	AME					
ı		Albert Wies	ner			Bertha	Nad	er					
		WAS DECEASED EVER IN U.			OCIAL SECURITY NO. 17	INFORMANT			Address			10	
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		18. CAUSE OF DEATH	Enter only one of	euse per lin						210014	LINTE	ERVAL BE	TWEEN
V.		PART I. DEATH WAS	CAUSED BY	ρ.	orunary	occlusi	ion				ONS	SET AND	DEATH
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	CERTIFICATI	OR CONTRIBUTING CAL	SE OF DEATH	200. 2200	1.		, ,						
ı	-		Aonth, Dey, Year	1 20d IN	JURY OCCURRED 200.	DI ACE OF INITIDY /Hos	na farm	20f. (City	or town)	(Coun	etv)	-	(Stete)
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		21. I certify that ((I)	this hospita		ed the deceased fro				Aug The				(we) la
		saw the deceased ali	ve on. U.V.	4 26	1968, and t	nat death occured	av. i.0	P.M. Mom	the causes	and on th	ne da		
		22e. SIGNATURE	0	1		ATTENDING	/ ME	D.	STAFF			22	b. DATE SIGNI
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ı		22c. PAYSICIAN'S	R	C	/2. 10 7	22d. ADDRES	7/1/	V	7 1. 14.		1	,	2
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	236	BURIAL, CREMATION, 2:	b. DATE THERE	OF	230 NAME OF CEMETE	Y OR CRIMATIONY	+	23d. LOGA	TION (City, tov	vn of county		(5	itate)
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		MARTLAND STATE DEPARTMENT OF REALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	12050
7	4	1907 CERTIFICATE OF DEATH	
1.	DEC	EASED-NAME First Middle Lost 2g. DATE OF DEATH	2b. HOUR
	(Ty	pe or print) Fig. 10 Manth Doy	Year / 7 7
2	SEX	4. RACE S. DATE OF BIRTH 6. AGE (In yeors IF	UNCER I YEAR IF UNDER 24 HRS.
3.	. 3E/	To last bighday) MO	NTHS DAYS HOURS MIN
	_	12/11/12 WILL CHILD 40 1851	
	a. Bl	RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	00111	Texas American WIDOWED & DIVORCED PRince Geor	390 Md.
10), CI	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
04	Jn	Attsville, md. give street address) Nursing Home SCHOOL TEACHER-Re	INDUSTRY T.
13	a. (ISLIAI DESIDENCE (Whore despected lived if institution, Decidence before 112, CITY OF TOTAL 121 WEIGH CITY HAITS 112, CTPET AND MILLARDED	
ac	dmiš	sian) STATE MARY AND JOB. COUNTY MONTGOMERY SUMNER, MI. YES NO 5704 OVERLEA,	Rd.
2 14	4. F/	THER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
		to be and the second of	
1	60	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address	
- ["		s, na, or unknown) (If yes give war or dates of service) - MR. T. Leland Willis, 5704 OVERLEA	D.I Common Add
=	1		APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRONCHOPNECIMONIA	24-48 HBS
	П	4/20 DUE TO, OR AS A CONSEQUENCE OF	2 2 2 2645
		Canditians, if any, which gave) (b) CONGESTIVE HEART FAILURE	8-2 5193
		rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF	
		(c)HYPERTEASIUE ARTERIOSCLEROTIC CARDIO-	YEARS
6	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RECATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
		OCHRONIC 4REMIA OARTERIOSCLEROSIS OBLITERA	ens
1012		9g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	
2	CERTIFICATION	YES NO TO CAUSES OF DEATH?	
5	EK.	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	19\
	₹	□ OR CONTRIBUTING □ CAUSE OF GEATH HOUR A.M. Manth Day Year	1 10.)
1	WEDIC	If either, notify medical exominer) P.M. 19	
1	>	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town While Nat while	County State
	1	if work at work	
		22a. I certify that (1) (this hospital) attended the deceased from D=C, 1967, ta A46.17, 1966 sow the deceased alive on A46.17, 1968, and that in (my) (our) opinion death occurred on the date	K, that (I) (we) last
		sow the deceased give on 700 for 1968, and that in (my) (our) opinion death occurred on the date	and hour and fram the
		couses stated above, (I) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE 22c. DAT	E CIONED
-	1	ATTENDING — MED — STAFE —)	2-17-68
			11-63
1		NAME (Type) ALEXANDER L. MATAS 220. ADDRESS 1222 MONROG ST. N.E. W	15W. Dr. 20017
	_	TAXA TITLE SELECTION OF THE SELECTION OF	
2:	3a.		(County) (Stote)
L		BURIAL Aug 20,1968 Glenwood Cemetery WashingTon, I). (,
2		UNERAL DIRECTOR TOSEPH GAWIERS SONSAFINE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
	4	130 WISCONSIN AVE N.W. WAShINGTON, D.C. DATE AUG 21 1968 PCLION	Lank bon



24 hours

requires that the death certificate be executed within

O HOSPITAL OR ATTENDING PHYSICIAN:

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	会 1%	IVISION OF VITAL RECORDS	CERTIFICATE		MORE, MARYLAND	120	052
1. DECEASED-NA (Type ar pri			Wint			th 25, ^{Da} 1968 ^{Yeor}	
3. SEX Male		4. RACE Caucasian	S. DAT	Feb. 9, 19	6. AGE ((In years IF UNDER 1 YEAR MANTHS DA	
70. BIRTHPLACE country) WAS A 10. CITY OR TO Cheve	VN OF DEATH	O. CITIZEN OF WHAT COUNTRY? U. S 11. NAME OF HOSPITAL OR I Live street address) Prince Geo. C	8. MARRIED NEW NEW WIDOWED NSTITUTION (If not in ho	DIVORCED P	COUNTY OF DEATH Prince Geor OCCUPATION (Kind of t, of, working life, even	work done 12h KIND	Md. O OF BUSINESS OR Y
13a. USUAL RESidentissian) ST Mary 1	and	lived, if institution: Residence before 13b. COUNTY Prince George s Middle Last	Rivedal	13d. INSIDE CITY LIMIT	4704 01	NUMBER Liver Street Middle	Last
16a. WAS DECE Yes, na, ar u	SED EVER IN U.S. ARMED		1). 0	MARD T. WI	NTER 5	Address Oako	rest D2
Candition rise to in stating t last. / C	I. DEATH WAS CAUSED BY IMMEDIATE COMMEDIATE COMMEDIATE COMMEDIATE COMMEDIATE COMMEDIATE CONDITIONAL CO	CAUSE (a) Bronchlogen DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O (c) TIONS CONTRIBUTING TO DEATH BUT 11.5m	F NOT RELATED TO THE T	ERMINAL DISEASE OR CON	NDITION GIVEN IN PART	netastas is.	EEN ONSET AND DEATH
MIFIC		NDITION FOR WHICH OPERATION WAS F		a. AUTOPSY? YES NO XX	CAUSES OF DEATI		N CERTIFYING
OR CONT (If either,	DENT WAS UNDERLYING HBUTING CAUSE OF DEATH natify medical examiner RY OCCURRED 21e. PL Not while	21b. TIME OF INJURY HOUR A.M. Manth Day Yeo P.M. ACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	19	URY OCCURRED (Enter n	City ar Town	1 or Part 2, Item 18.) County	State
220. I co sov co 22b. SIGN	ITURE /	haspital) attended the decea e on August 25 t) (we) (did Adakoon) view the Sadeghian, M. D	DEGREE F	ATTENDING MED PHYS. DIR 12e. ADDRESS	O. STAFF PHYS.	t 25 19.68 , the done and had a signed XXX August 2	27, 1968
23a. BURIAL, C	EMATION, 23b. DA		F CEMETERY OR CREMA	TORY CEM	23d. LOCATION (City of	r Tawn) (Caunty)	(State)
24. FUNERAL C		hen 60 River		DATE SE	P 3 1968	REGISTRAR'S SIGNATURE	Judge

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1	12045 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 120	54
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day	Year 2b. HOUR
ay is 3 ta Page ent af	(Type or Print) Pearl Vita Zuckerman OF ESTI- DEATH MATED X 8-20-68	19 9:04 pm
delay and 3 13. Pag	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 14 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
y deligand and and and and and and and and and	Female White 2-10-1915 53 YRS. 180 20 68	9:10рт м
	7a. BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
The same of the sa	Russia U.S.A. WIDOWED Prince George's	OF DUCINESS OF
after death 3. Give Page alang with with the Star	Cheverly give street oddress) Cheverly Grand Grand Grand Cheverly Grand Grand	OF BUSINESS OR
Q - Q	13a. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN odmission) STATE AND NUMBER F. COUNTY F. Mass. 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 80 Chatham Road	
hours Item 1: Office Jand 2	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	last
	Harry Liberman Lifshe	? ?
Pag Pag	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO (If yes give war or daries of service) Unknown Meyer Zuckerman Same as 13	
- 10 E	ID CALLES OF DEATH (Sates only and course him for (a) (b) and (a)	ROXIMATE INTERVAL EN ONSET ANO DEATH
xecuted nding" ii Medical permit.	8/47 IMMEDIATE CAUSE (a) LACER ATTOR OF DRIFT TO DUE TO, OR AS A CONSEQUENCE OF	
ould be executed vard "pending" in the Chief Medical I altransit permit. I any event within	Canditians, if any, which gove rise to immediate cause (a), (b) STVVV FRICTURE M	19N
ertificate should be everified to the ward "pe warded to the Chief sed as a burial-transit aval, and in any ever	stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
s certificate stee, writing the farwarded ta used as a bu emaval, and ir	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
fica fing rded as as	91211	
9 5 5 6 1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. A Y 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)	AUTOPSY?
o at hi	TE Y	ES NO K
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INER: e certif shauld files. 3 shoulk	PRIMARY TOR CONTRIBUTING HOUR A.M. 9:02 mm 8-20-19 68 Pedestrian struck by car. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D.No. City or Town County	Stote
	WANTE ON NOT WANTE (cotory, office building, etc.)	21016
L EXAM secute the Page 4 far yaur OR: Page		I in my opinion
property, please execute the certificated director. Page 4 shauld be retained far your files. RAL DIRECTOR: Page 3 should prior to burial, cremation,	death resulted fram: Natyral causes , Accident , Suicide , Hamicide , Undetermined manner	in my opinion
JTY DICA rry, please e eral director be retained RAL DIRECT	CHIEF MEDICAL EXAMINER	
AL DAL DAL	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	
DEPUTY SICAL EXAM cessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page calth prior to burial, crem	EXAMINER'S DEPUTY MEDICAL EXAMINER X 8-21	-68
necessary, please exthe funeral director. S may be retained to FUNERAL DIRECTO Health prior to bur	NAME (Type) John Kehoe MD Riverdale Md. ADDRESS(Street, city, town, or county) 230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Com. 123d. LOCATION (City or Town) (County)	18. c. 2
7 7 5 5 7 4	230. BURIAL, CREMATION, PEMOVAI (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Cem. 23d. LOCATION (City or Town) (County) Burial 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Cem. 23d. LOCATION (City or Town) (County)	(State)
Q	24. FUNERAL DIRECTOR ADDRESS ADDRESS	Mass
VR A15ME 1	Goldberg Funeral Home 4217 9th St., N.W. DATE AUG 26 1968 preserved	mag

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